

**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED
TEACHING PROGRAMME ON KNOWLEDGE REGARDING
ANTIPSYCHOTIC DRUGS AMONG CARE GIVERS OF PSYCHIATRIC
PATIENTS IN A TERTIARY CARE SETTING, COIMBATORE**



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A Dissertation submitted to **The Tamil Nadu Dr.M.G.R. Medical University,**
Chennai, in partial fulfillment for the requirement of the degree of
Master of Science in Nursing
Branch V Mental Health Nursing

2018

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ACKNOWLEDGEMENT

“I will praise you, lord, with all my heart.,

I will tell of all your wonders”

My heartfelt praises to **God almighty** for his enriched blessing and abundant grace and mercy which encircled me through every step of this work and convert this work into reality and without whom it would not have been possible. I think him exceedingly for giving the required courage from the beginning till the end.

I have been fortunate in having received the cooperation and guidance of many peoples in completing this research. I consider it a privilege to acknowledge here the help and guidance extended by each one of them.

I wish my sincere thanks to our **Managing Trustee** for all the facilities which has been provided to us in the institution.

With deep sense of gratitude, I express my sincere thanks to **Dr. A. Jayasudha**, Principal and **Dr. Malarvizhi.G**, Vice Principal PSG College of Nursing. The words of appreciation and encouraging support given by them kindled my spirit and enthusiasm to go ahead and to accomplish this study successfully.

I wish to extend my whole hearted thanks to my subject guide **Prof. Meera Saravanan**, HOD of Mental Health Nursing, PSG College of Nursing. Thank you madam for your motherly attitude, dexterous and expert guidance, valuable suggestions, affectionate enduring support, timely motivation and enthusiastic words which kept me working towards the completion of this successful dissertation. I feel extremely privileged to have her as my guide.

I am extremely thankful to **Dr. Raghuthaman.G**, Professor and Head of the department of Psychiatry, PSG Hospital, Coimbatore for his acceptance as my medical guide, abiding support and expert guidance to complete my study successfully.

I would like to thank **Mr.Baskaran M.,M.Sc (N)**, Associate Professor, Mental Health Nursing for his valuable guidance,encouragement and instructions.

I would like to thank **Mrs. Maheswari T. M.Sc (N)**, Assistant Professor, Mental Health Nursing for her valuable guidance,encouragement and instructions.

I extend my sincere thanks to **Mrs. Anuradha**, Nursing superintendent, of PSG Hospitals

I would like to express my sincere, respectful and wholehearted gratitude to **Faculty of Mental Health Nursing department** for their unstinting support and guidance during the writing of this project.

I proudly and honestly express my grateful thanks to **The Entire Faculty** of PSG College of Nursing for their valuable feedback and suggestions for the study.

I submit my extreme gratefulness to my Statistician **Dr. Karthikeyan**, Assistant professor for his excellent advice and support in analyzing the data of my study and giving immense correction and clarification.

I express my sincere gratitude to the **Ethical committee** of the PSG Institution for their valuable suggestion and approval for the study being conducted.

I express my sincere thanks to **all library staffs** for rendering all facilities and support during the time of this study.

I also acknowledge and appreciate the work of **Mr. Mohan**, cool blue, Coimbatore for his patience and cooperation in typing and timely help throughout my study.

I take this opportunity to express my thanks to **All My Classmates** who have been a source of encouragement and support during the course of this work.

Above all, I desire to place record **My Husband** Mr.Issac Arputharaj.P, **my brother in law** Mr.Ranjith. P and **my loveable daughters** for their constant support, inspiration, prayers, encouragement and help in every walk of my life which I considered so precious.

I continue to be indebted to all for their guidance and care who directly and indirectly involved in my progress of work and for the successful completion of the thesis.

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ABSTRACT

A study to assess the effectiveness of structured teaching programme on knowledge regarding Antipsychotic drugs among care givers of psychiatric patients in a tertiary care setting, Coimbatore

Background of the study: Antipsychotic medications are powerful, mind-altering drugs that are prescribed to control psychotic symptoms. Right attitude of caregivers towards antipsychotic drugs is very important. It is also necessary to have a proper understanding of the expected side effects of atypical antipsychotics especially for the caregivers to develop positive attitude, as they are the people who should encourage and ensure that the patient is taking medications. Thus the relapse of the condition can be prevented, which will eventually improve the prognosis.

Methods: The research design adopted was pre-experimental design, one group pre-test- post-test design. Totally 40 care givers were selected by purposive sampling method. The study was conducted in psychiatric ward and new psychiatric ward in PSG Hospital. The data was collected through self-administered knowledge questionnaire. Subsequently structured teaching programme regarding antipsychotic drugs was given for 15-20 minutes. The post test was conducted by the same knowledge questionnaire after 7 days. The data collected was analysed by using descriptive statistics. Paired 't' test and chi-square analysis.

Result of the study: During pretest, none of them had adequate level of knowledge. 3 (7.5%) had moderately adequate knowledge and 37 (92.5%) had inadequate knowledge about antipsychotic drugs. After the structured teaching programme, the knowledge level of care givers after 7 days of post test showed that 35 (87.5%) had adequate knowledge, and 5 (12.5%) had moderately adequate knowledge. There was significant difference found between before and after structured teaching programme. The over all pre test mean with SD was (11.90 ± 2.06) and post test mean with SD was (25.30 ± 1.16) . Thus the result showed that structured teaching programme regarding antipsychotic drug was highly effective. There was a marked difference in knowledge score of care givers ($t = 35.8$) after the structured teaching programme on antipsychotic drugs.

Conclusion: The study concludes that the structured teaching programme was effective in enhancing the knowledge of care givers about antipsychotic drugs.

Key words: Antipsychotic drugs, Structured teaching programme, caregivers.

CHAPTER-I

INTRODUCTION

1.1 Back ground of the study

“Medicines are nothing in themselves, if not properly used, but the very hands of the Gods, if employed with reason and prudence”

- (Herophilus)

Mental illness is defined as any disturbance of emotional equilibrium, as manifested in maladaptive behavior and impaired functioning, caused by genetic, physical, chemical, biologic, psychologic, or social and cultural factors. Mental illness is a major problem all over the world. Studies from developed countries have reported a prevalence rate of 15 per 1000 population. In India, the reported rate is 73 per 1000 population. Organic psychosis (0.4), schizophrenia (2.7) and affective disorders (12.3) contribute to a rate of 15.4 for psychosis. The prevalence rate for mental retardation (6.9), epilepsy (4.4), neurotic disorders (20.7), alcohol/drug addiction (6.9) and miscellaneous group (3.9) were estimated. Different treatment modalities such as drugs, electro-convulsive therapy, counselling, psycho-surgery and psychotherapy are used in the treatment of mental illness. **(Ganguli H C., 2000)**

Antipsychotics are those psychotropic drugs, which are used in the treatment of psychosis and psychotic symptoms. The original drugs used to treat psychosis are called “typical or conventional” neuroleptic drugs. Since their discovery in the 1950s, these drugs revolutionized the treatment of schizophrenia and other psychotic disorders. With the discovery of the newer antipsychotic drugs (called “atypical” antipsychotic drugs) in the 1990s, the treatment of these debilitating brain disorders has been revolutionized. While there are advantages and disadvantages to both classes of these antipsychotic drugs, the atypical offer a different pharmacological mechanism of action, an expanded spectrum of therapeutic efficacy, and a more acceptable side effects profile. Thus, they are considered first-line therapy for the treatment of persons with psychosis. **(Shives L R., 1994)**

Dosing ranges for antipsychotic medications depend on the size of the patient, the reason for the medication, health problems, and other features of the patient. In general,

doses recommended for persons with intellectual disability should start at one-half or one-quarter of doses recommended for normal individuals. Dose adjustments should occur about every week unless there are reasons to more rapidly increase the dose for typical starting doses and maximum doses.

Providing care for a member of the family with mental illness is a progressively overwhelming experience for caregivers. They are the people who are always with the patients and their role is very important. Many of the caregivers are ignorant about the importance of medication, side effects and the continuity of follow-up. They are unprepared to care for their relatives who are just discharged from hospital or who need a long-term treatment and supervised care. Relatives are usually involved in caring for the patients who are receiving antipsychotic drugs. Thus, it is essential that all caregivers understand the medication, side effects, precautions and the caregiver's role. Investigators have proved that educating caregivers on the importance of compliance to antipsychotic drugs, side effects and their role in caring for mentally ill patients can reduce relapse. Caregiver's stress, burden and sense of being overwhelmed by the care giving roles have been linked to patient's persistent behavioral problems and caregiver's perceived or actual inability to handle them. Hence their role is important in caring for their mentally ill relatives. **(Sussman N., 2000)**

The medicine may improve symptoms enough for the person to undergo counseling and live a more normal life. The type of antipsychotic medicine prescribed depends on the type of mental problem the patient has. There are two main classifications of psychosis; the first is organic brain syndrome, a temporary or permanent structural dysfunction of the brain with symptoms such as confusion and anxiety. The second classification of psychosis includes the conditions schizophrenias and bipolar disorder (manic depression). These illnesses are thought to be the result of a combination of biological and environmental factors. Patients with organic brain syndrome, schizophrenia and bipolar disorder can experience psychosis when their illness is in an extreme state but antipsychotic drugs can minimize or eliminate the effects of psychosis. Antipsychotic work by blocking receptors of the neurotransmitter dopamine, inhibiting the reuptake of serotonin. It stabilizes the dopamine output by preserving or enhancing dopaminergic transmission where it is in imbalance of too high or too low. **(Wyatt RG., 2009)**

Tardive dyskinesia can emerge as a physical withdrawal symptom, and may either gradually abate during the withdrawal phase, or become persistent. Withdrawal-related psychosis from antipsychotic is called "super sensitivity psychosis", and is attributed to increased number and sensitivity of brain dopamine receptors, due to blockade of dopaminergic receptors by the antipsychotic, which often leads to exacerbated symptoms in the absence of neuroleptic medication. **(Michael Gelder., 2011)**

Psycho-educational interventions with caregivers of patients with schizophrenia have a well-established literature support. Behavioral family management is effective in reducing relapses and readmission rates. Family interventions reduce burden of care, improve patient's functioning in social areas and are cost effective. Research has proved the effects of family intervention in managing treatment resistant patients in the community setting. **(Sheela S, 2014)**

The nurse is in a pivotal position to educate the patient and the family caregivers about medication. This includes teaching complex information to the patient, so that it is understood, discussed and accepted. The caregivers and patient should be well informed about each drug, be well educated about the expected benefits and potential risks, and know what to do and whom to contact if there is a question or problem. Medication education is the key to effective and safe use of antipsychotic drugs, patient collaboration in the treatment plan and patient adherence with drug treatment regimens. **(Jeffrey S Jones., 2013)**

Health education is one of the most cost-effective interventions. Many diseases could be prevented with a little medical intervention if people were adequately informed about it and encouraged to take necessary precautions in time. Recognizing this truth, the WHO Constitution has stated that the extension to all people of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health. **(Sheela S., 2014)**

Relatives are usually involved in caring for the patients who are receiving antipsychotic drugs. Thus, it is essential that all caregivers understand the medication, side effects, precautions and the caregiver's role. **(Ranbhise., 2004)**

1.2 Need for the study

Antipsychotic medications are powerful, mind-altering drugs that are prescribed to control psychotic symptoms. A person with psychiatric disorder is unable to differentiate between the reality and his thoughts. The two major symptoms of psychosis are hallucinations and delusions. A delusion is a fixed false belief. Hallucinations are sensory perceptions that are not real, e.g., hearing voices, seeing things, feeling bugs on your skin, when no such sensory stimuli are present. **(Richard., 2005)**

Antipsychotic drugs are chemicals that affect the brain and nervous system alter feelings, emotions and consciousness in various ways and are frequently used therapeutically in the practice of psychiatry to treat a broad range of mental and emotional illness. In the mid-1950s about 500,000 patients were hospitalized in the United States for mental illness. By 1973 that number had fallen to 250,000 largely due to the use of psychoactive drugs. Psychopharmacology is the “Gold Standard” in the treatment of neuro-biological illness. However, drug therapy is not viewed as a quick fix or miracle pill. It is used to treat specific symptoms of neuro-biological illnesses with significant effectiveness. Side effects and adverse reactions of drug therapy require expertise and sound clinical judgement. **(Reedy M V., 1998)**

The prevalence of usage of antipsychotic drugs in the USA was reported at 13.9% among individuals aged 40 years and older. Global estimates for 2001 showed that worldwide, approximately 10 million people suffered from dementia; 8 million are with Parkinsonism, 6 million suffering with Alzheimer’s disease and overall 24.3 million people are suffering with neuropsychiatric disorders and 60.1% of all people with dementia lived in developing countries. **(Richard E., 2005)**

In India, the prevalence of usage of antipsychotic drugs lie in the range of 1.8 to 3.6% among individuals aged 60 to 65 years. The treatment of psychiatric disorders in the past had often constituted or institutionalized (i.e. admission in an asylum or mental hospital), sometimes along with the treatment which now seems either ridiculous or fantastic or mostly both. The advent of psychopharmacology in the last 50 years has brought the treatment of psychiatric disorders within the realm of scientific medicine. The duration of treatment with

antipsychotic medications depends upon the reason for using the drugs. Patients with schizophrenia or manic depressive illness may require long-term treatment, i.e., years to decades. **(Richard E., 2005)**

Patients who develop psychosis as a part of a health problem may tolerate dose reduction in four to six weeks following the resumption of normal behavior. The value of medication treatment should be re-evaluated every three to six months by comparing the benefit to the side effects and cost. Medications are continued when the patient exhibits improvement based on self-reports, family reports, or behavioral monitoring.

Many of the caregivers are ignorant about the importance of medication, side effects and the continuity of follow-up. They are unprepared to care for their relatives who are just discharged from hospital or who need a long-term treatment and supervised care. Relatives are usually involved in caring for the patients who are receiving antipsychotic drugs. Thus, it is essential that all caregivers understand the medication, side effects, precautions and the caregiver's role. Investigators have proved that educating caregivers on the importance of compliance to antipsychotic drugs, side effects and their role in caring for mentally ill patients can reduce relapse. Caregiver's stress, burden and sense of being overwhelmed by the care giving roles have been linked to patient's persistent behavioral problems and caregiver's perceived or actual inability to handle them. Hence their role is important in caring for their mentally ill relatives. **(Lauriello J., 2014)**

Schizophrenic patients have high rate of noncompliance to antipsychotic drugs. Along with the patient's disbelief of having an illness combined with some adverse effects of antipsychotic drugs has a high rate of noncompliance. To reduce the relapse rate of schizophrenia, strict adherence to maintenance therapy is essential. Nevertheless, the estimated adherence rate taking oral antipsychotics for the patients with schizophrenia is less than 60%. **(Painuly N., 2004)**

The outcome of patients with schizophrenia is markedly compromised by nonadherence to antipsychotic drugs. As per the results of a study conducted to assess the impact of adherence to oral antipsychotic drugs, nearly two-third of schizophrenic patients were classified under the category of poor adherence to antipsychotic drugs. Therefore, the

health care utilization of those patients was increased including inpatient costs, mean number of visits to emergency room, number of claims to outpatient department and the total number of prescription claims. **(Offord S. et al., 2014)**

Among the clients with psychotic disorders, nonadherence to pharmacological treatment is a known issue. It is also very important to adopt a “holistic approach” which implies the cooperation of patients, family and the community in the management. The experiences of patients with antipsychotic drugs describe that the drugs are helpful to them. Consequently, it also has negative experiences with the side effects. The need for more information and advice is required for solving the practical challenges. “Need for dialogue,” needing someone to talk and express the difficulties and emotions is needed. Not having an opportunity to talk and express precipitates the pressure of emotions, thoughts and agitations. **(Lorem GF et al, 2014)**

Right attitude of caregivers towards antipsychotic drugs is very important. Greater understanding of concepts also leads to positive attitudes. Very little research has been conducted on the knowledge of antipsychotic drugs among caregivers. In continuation with the research has been done in this area, the purpose of this study was to determine the knowledge of the caregivers on antipsychotic drugs. It is also necessary to have a proper understanding of the expected side effects of antipsychotics especially for the caregivers to develop positive attitude, as they are the people who should encourage and ensure that the patient is taking medications. Thus, the relapse of the condition can be prevented, which will eventually improve the prognosis. **(Somerville J et al., 2001)**

Families are a primary care giving resource for person with mental illness, yet they often lack the knowledge and skills needed to assist their relatives. Studies show that families routinely request information on basic facts about mental illness and its treatment, behavior management skills, and the mental health system in order to better cope with their relatives' illness. It is well recognized that the maximum impact of a psychiatric disorder is borne by the family and often leads to a completed is eruption in its functioning patients had always stressed about the role reversal with spouse and had also always the stress about the role reversal with children. Sometimes stress of changes in family responsibility. **(Shinde M & Mane S P., 2014)**

There is a misconception that people with mental illness are violent, which contributes to the significance of mental illness. The majority of people with mental illness are not violent, and the majority of violent acts are conducted by person who is not mentally ill. **(Gaebl W, Baumann A, et al., 2010)**

Knowledge of attitudes and their functioning is of interest both theoretically and practically. No theory of social behavior can be complete without incorporation of attitude functioning, and it is doubtful that complex social behavior can be predicted without knowledge of attitude. **(Potdar N, Shinde M, et al., 2014).**

Due to short hospital stay and the involvement of the family in the care of the patient, the contact of the patient with healthcare personnel is minimal. It is the family which stays with the patients for 24 hours of the day helping the patient meet his/her needs. So, it is very important that caregivers receive sufficient knowledge as to how to care for their relatives who are on antipsychotic drugs. **(Shinde M & Anjum S, et al, 2015)**

1.3 Statement of the problem

A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge regarding Antipsychotic drugs among care givers of Psychiatric Patients in a tertiary care setting, Coimbatore.

1.4 Objectives

1. To assess the knowledge of care givers regarding Anti psychotics drugs.
2. To evaluate the effectiveness of structured teaching programme on knowledge regarding antipsychotic drugs.
3. To find out the association between pretest knowledge score with selected socio demographical variables.

1.5 Assumptions

The care givers will have some knowledge about care of patients with anti-psychotic medications.

1.6 Hypothesis

H₁: There is a significant difference between pretest knowledge score with the posttest knowledge score of care givers about antipsychotics.

H₂: There will be a significant association between pre-test scores of caregivers with selected demographic variables.

1.7 Delimitation

The study is delimited to

- the caregivers of psychiatric patients receiving antipsychotics drugs.
- psychiatric wards only
- care givers staying for a minimum of 15 days.

1.8 Operational definitions

1. **Knowledge:** In this study, it refers to the awareness of caregivers of psychiatric patients regarding psychotropic drugs which is assessed by using structured questionnaire.
2. **Effectiveness:** In this study, it refers to the outcome of structured teaching programme in term of improving knowledge regarding psychotropic drugs among care givers of psychiatric patient as measured by structured questionnaire.
3. **Structured Teaching Programme:** In this study, it refers to systematically planned and organized teaching activities regarding antipsychotic drugs action, side effects and its management and its family member role with the intention of improving the knowledge on psychotic drugs among the care givers of psychiatric patient.
4. **Caregivers:** In this study, it refers to a care taker in the family who is constantly involved parent, spouse, son or daughter in the care of psychiatric patients.
5. **Antipsychotic drugs:** It is prescribed drugs according to physician in order to treat the psychotic symptoms.

1.9 Projected outcome:

Care givers of psychiatric patients will gain adequate knowledge regarding antipsychotic drugs after giving structured teaching programme.

1.10 Conceptual Framework / Model Used

Imogene King's model was used to assess the effectiveness of structured teaching programme on knowledge regarding Antipsychotics among care givers of psychiatric patients in a Tertiary care setting, Coimbatore.

Conceptual frame work refers to interrelated concepts or abstractions that are assembled together in some rational scheme by virtue of their relevance to a common theme. **(Polit and Hungler, 1999)**

A conceptual framework or a model which is made up of concepts which are the mental images of the phenomenon. These concepts are linked together to express the relationship. A model is used to denote the symbolic representation of the concepts.

The conceptual frame work used in this study is Imogene King's goal attainment theory. It is based on the personal and interpersonal system including interaction, perception, communication, transaction, stress, growth and development, time and space.

According to this theory, two people meet in some situation, perceive each other, make judgement about the other, take some mental action and react to each one of these. Since these behaviours cannot be directly observed, one can make inferences about same. The next step in the process is interaction, which can be directly observed. The last step in this model is transaction, which is dependent upon the achievement of the goal.

The investigator adopted King's goal attainment theory as basis for conceptual framework, which is aimed to develop a psycho education programme for caregivers on schizophrenia and to find out the effectiveness of psycho education programme by assessing the care givers' knowledge before and after the education

The six major concepts of the phenomenon are described as follows;

1. Perception

Perception is a process in which data obtained through senses and from memory are organised, interpreted and transformed, which are related to past experience, concept of self and educational background. Perception is universal, yet highly subjective and unique to each person. It is not observable, but it can be inferred. Here the investigator's perception that the care givers may have inadequate knowledge regarding on antipsychotic drugs.

2. Judgement

The investigator decided to do a pretest knowledge on antipsychotic drugs among caregivers of psychiatric patients, and to reinforce their knowledge on antipsychotic drugs.

3. Action

Action refers to mental or physical activity to achieve the goal what the individual perceive. The investigators action in the study was to plan for structing teaching programme for the caregivers on antipsychotic drugs and the caregivers' action is willing to attend and improve their knowledge.

4. Reaction

In this study, the investigator's and caregiver's reaction are setting mutual goal. The investigator planned to assess the knowledge regarding antipsychotic drugs using pretest questionnaire.

5. Interaction

Refers to the verbal and nonverbal behaviour of individual and the environment between two or more individual. In this study, the investigator interacts with the caregivers by structured teaching programme.

6. Transaction

It refers to attainment of goal. In this stage, the investigator reassesses the knowledge of caregivers by post \test and analysing the effectiveness of structured programme.

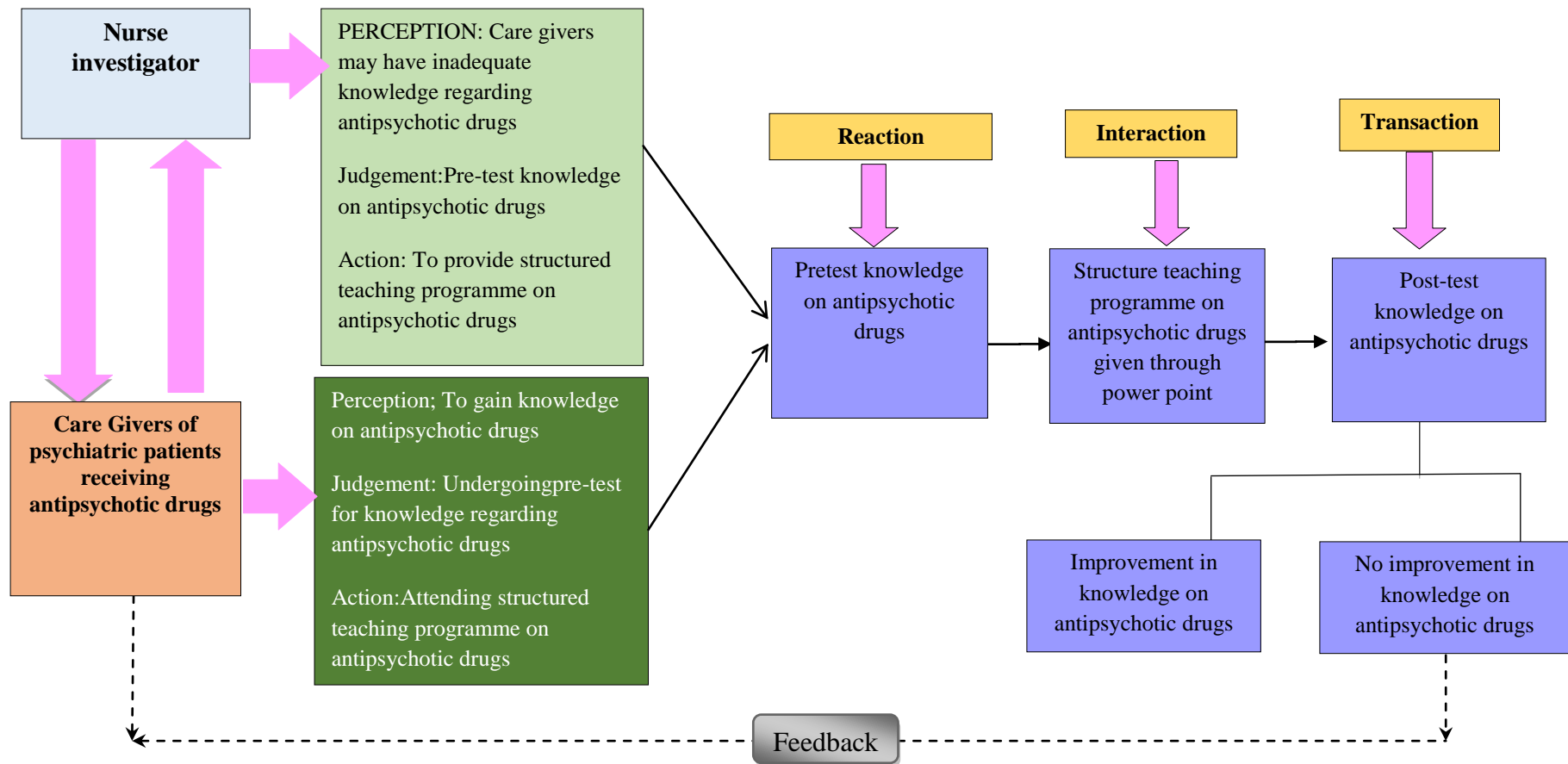


Fig 1.1 Conceptual Framework based on modified Imogene King's Goal Attainment Theory (1981)

CHAPTER-II

REVIEW OF LITERATURE

Review of Literature is a key step in research process. Nursing research may be considered as continuing process in which knowledge gained from earlier studies is an integral part of research in general. In review of literature a researcher analyses existing knowledge before dealing in to a new study and when making judgment about application of new knowledge in nursing practice. The literature review is an extensive, systematic, and critical review of the most important published scholarly literature on particular topic.

The review of literature for this study was done in the following headings.

- 2.1. Studies related to knowledge of family members on antipsychotic drug therapy.
- 2.2. Studies related to the side effects of antipsychotic drug therapy.
- 2.3. Studies related to importance of structured teaching programme regarding antipsychotic drug therapy.

2.1. Studies related to knowledge of family members on antipsychotic therapy

A quasi experimental study was conducted to assess the level of attitude towards drug adherence among patients with schizophrenia. 20 sample were selected by using purposive sampling technique. Data was collected by means of using instructional module on drug adherence. The study result showed that in control group, during the pre-test 14 (70%) showed negative attitude, 3 (15%) expressed positive and neutral attitude while 13 (65%) exhibited negative attitude, 4(20%) showed positive attitude, and 3(15%) showed neutral attitude during the post-test. In experimental group, 17(85%) revealed negative attitude, 2 (10%) showed positive attitude and 1(5%) had neutral attitude in the pre-test while the posttest exhibited all the 20 (100%) gained positive attitude. It reveals that there was a significant difference at the level of $p < 0.001$ in experimental group compared with the control group. (Mary Metilda S., 2016)

A quasi experimental study was conducted to assess the effectiveness of informational booklet for caregivers regarding care of patient receiving antipsychotic drugs in Mansik Arogya sala, Mental Hospital, Gwalior. 30 samples were selected by using convenient sampling technique. Data were collected by administering a structured knowledge questionnaire. This study revealed that the mean post-test knowledge score ($x = 24$) was higher than the mean pre-test knowledge scores ($x = 16$). The 't' value computed ($t = 13.38$; $P < 0.05$) showed a significant difference suggesting that the informational booklet was effective in increasing the knowledge of caregivers. There was no association found between the pre-test knowledge scores and selected variables like education, religion, income and previous experience in caring for mentally ill patients. **(Sharma Dinesh Kumar, 2016)**

A descriptive study was conducted to assess the knowledge, attitude and practice of family members of client with mental illness among Medicaid patient with schizophrenia, at community setting of California. A size sample of 100 family members were selected with purposive sampling technique. Data was collected with structured questionnaires with four modules. The study result shows that 78% could identify a cause or precipitating the onset of illness, 97% of that mental illness is curable with medication. 80% of them allowed the mentally ill client to attend the social gathering or visit places, 25% of the participants objected to marrying family member of a mentally ill person. The mean score was statistically higher among those with secondary level of education ($M=16.6$, $SD=4.9$) in comparison with those with primary level of education ($M=13.9$, $SD=4.5$). Family members of urban area scored significantly higher ($M=17.2$, $SD= 4.5$) than those from rural area ($M= 4.3$, $SD=4.8$). **(Thomas P, et al., 2016).**

A study was conducted to assess the effectiveness of planned teaching programme on knowledge among 50 care givers of patient receiving antipsychotic drugs at Thunga Institute of psychiatry, Bangalore. The data was collected by administering structure knowledge on antipsychotic drugs for 20 minutes and on the same day the planned teaching programme regarding antipsychotic drugs was given for 30 minutes. Post-test was done on 7th day. The study result showed that planned teaching programme was effective ($t=32.66$; $p=0.001$) in increasing the knowledge of caregivers about antipsychotic drug. **(Anita., 2012)**

A study was conducted to assess the effectiveness of clozapine in treatment resistant to schizophrenia in Beijing, China. Twenty-two patients were selected as sample by using simple random sampling technique. They are evaluated using the positive and negative syndrome scale. The results showed that 60% of the study group responded to clozapine therapy during the observation period. The researcher concluded that clozapine has therapeutic efficacy in treatment resistant schizophrenia (**Xiang Y T., 2011**)

2.2. Studies related to the side effects of antipsychotic therapy

Cross sectional descriptive study was conducted to assess the awareness and practice on management of side effects of antipsychotic drugs among patients receiving maintenance Treatment at Unde Hospital, Srirampur. 100 patients were selected as a samples. The self-prepared dichotomous questionnaires and checklist was used. The study results showed that mean score of awareness on side effects of antipsychotic drugs and its management was 54.62 with SD ± 3.33 and mean score on practice was 52.94 with SD ± 2.70 which indicated that patients receiving maintenance treatment had average level of awareness. The researcher concluded that those patients doing regular follow up should have knowledge regarding side effects of antipsychotic drugs (**Bire Rohidas S., et al, 2018**)

A longitudinal prospective observational study was conducted on extra pyramidal side effects such as dystonia, parkinsonism, and akathisia. Dystonia are prolonged and unintentional muscular contractions of voluntary or involuntary muscles. Neuroleptic-induced Parkinsonism is characterized by the triad of tremor, rigidity, and bradykinesia; Akathisia is characterized by a patient's subjective sense of restlessness, along with such objective evidence of restlessness as pacing or rocking. Extra pyramidal side effects were done on random sampling of about 100 patients receiving antipsychotics. 40% of them reported with dystonia and manifested, albeit laryngeal dystonia or dystonia of other musculature related to breathing. 30% manifested with severe muscular rigidity, fever, an altered level of consciousness, and autonomic instability characterize neuroleptic malignant syndrome. 20% of them reported with akathisia and 10% with Tardive dyskinesia. Thus, most research on extra pyramidal side effects is focusing on the atypical neuroleptics and on developing new medications based on a similar chemistry. (**Raja M. et al., 2014**)

A descriptive study was conducted to assess the knowledge regarding adverse effects of selected antipsychotic drugs among the caregivers of patient receiving antipsychotic drugs in Belgaum, Karnataka. 30 samples were selected by using convenient sampling technique. Data was collected by means of a Standardized Structured Knowledge Questionnaire. The study findings revealed that majority of caregivers 24 (80%) had average knowledge, 5 (16.66%) had good knowledge, 1 (3.33%) had poor knowledge about adverse effects of antipsychotic drugs. There was a significant association found between demographic variables with knowledge score regarding adverse effects of antipsychotic drugs ($p < 0.05$). **(Sheela S, Ranbhise., 2014)**

A Comparative study was done in German speaking cantons of Switzerland to measure caregiver attitudes to antipsychotic drugs and their adverse side effects and comparing these with the attitudes of the general population. Analysis and comparison of two representative samples were taken, one comprising 100 care givers and the other 791 individuals randomly selected from the general population. Results showed significantly more positive attitudes towards antipsychotic drugs than the public. It was concluded that effective management of side effects play a vital aspect of patient career and caregivers need to be aware that their mentally ill patients are likely to be confronted with extremely negative public attitudes towards antipsychotic medication and with strong pressure to stop taking their medication in the event of side-effects. **(Pierre J M., 2014)**

A Comparative study was done on the prevalence and severity of extra pyramidal side effects (EPSs) in 106 patients treated with clozapine, 23 patients treated with risperidone, and 42 patients treated with conventional antipsychotics for at least 3 months. Authors examined differences between the 3 groups with regard to akathisia and extra pyramidal motor side effects. The results were pointed as prevalence of akathisia was 7.3% in the clozapine group, 13% in the risperidone group, and 3.8% in the group treated with conventional antipsychotics. The point-prevalence of rigidity and cogwheeling (EPSs) respectively was 4.9% and 2.4% in the clozapine group, 17.4% and 17.4% in the risperidone group, and 35.7% and 26.2% in the group treated with conventional antipsychotics. Results indicated that risperidone is superior to conventional neuroleptics in that it causes fewer EPSs in comparison to clozapine, risperidone produced EPS levels that are intermediate between clozapine and conventional antipsychotic drugs **(Adams C.et al., 2013)**

A study was conducted about “what can we do about acute extra pyramidal symptoms” in Health Services Research Department, Calcutta. Antipsychotic drug is most effective treatment for psychiatric disorders such as schizophrenia. They are known to cause a range of side effects including acute extra pyramidal symptoms that are both distressing and disabling. Mental health nurses play a critical role in both detection and the management of these symptoms. A review of literature was conducted to identify strategies for measuring acute EPS. The literature suggests that logical prescribing and rapid detection and management of acute EPS will result in a substantial reduction in the incidence of these disabling side effects. **(Pope A., 2012)**

A longitudinal prospective observational study was conducted to ADRs of atypical antipsychotic drugs at Rajkot. Totally 93 ADRs were selected. Majority of the ADRs were seen with risperidone and olanzapine, as they were the commonly prescribed drugs. Weight gain, dizziness, sleep disturbance and appetite disturbance accounted for nearly 78% of the total events. With risperidone (at 4–6 mg/day) and olanzapine (at 10–15 mg/day), gastrointestinal and sleep disturbance were observed in the initial (within 7 days to 2–3 months after treatment) course of treatment, while EPS, fatigue, seizure, increased frequency of micturition and dizziness were observed after long-term (3–9 months) use. The present study adds to the existing information on the prevalence of adverse effects of atypical antipsychotic drugs. Role of active surveillance in post-marketing phase is also emphasized. **(Kiran G., 2011)**

2.3 Studies related to importance of education regarding antipsychotic drugs

A quasi-experimental study conducted to assess the effect of a brief interactive psycho-education intervention on caregivers towards family care burden for schizophrenic patients in Puskesmas Kasihan II (Community and Primary Health Care Centre). 68 care givers were selected as a sample divided into treatment and control groups. The Burden Assessment Schedule questionnaire was used. The treatment group received a brief interactive psycho-education of schizophrenic patient care over one week for 4 sessions while the control group received the prescribed essential medicines as usual. This study showed that the average scores of the pre-test for the two groups were not significantly different (p value 0.77), while the averages of the post-tests were significantly different (p value 0.001). It was concluded that a

brief interactive psycho-education for caregivers of schizophrenic patients was effective to decrease family care burden (**Triatmi Dyah Wahyuning et al., 2018**)

A quasi experimental study was conducted to assess the effect of psycho education program on antipsychotic drug compliance at selected hospital in Mangalore, Karnataka. 70 sample were selected using purposive sampling technique. Simple random sampling technique was used to allocate the sample in group I (clients using both antipsychotics and hypoglycemic agents) and group II (clients using only antipsychotics) were compared among themselves with their experimental and control group. The structured questionnaire was used to as a tool. This study indicated that there was a significant in the posttest compliance status of experimental group I and II after psychoeducation program. There is also significant association between the pretest compliance scores and the religion, family income, occupation, monthly expenditure for medicine of the subjects. (**Honey George., 2016**)

A quasi experimental study was conducted to evaluate the effectiveness of psycho education among caregivers of patients with schizophrenia. Non-randomized with pre-tests and post-tests were used. While the patients in both the intervention and the control group received treatment as usual (TAU), only the caregivers in the study group were offered two sessions of psycho education a week for one month with a total of eight sessions. Effectiveness of the psycho education given was evaluated by comparing scores of Perceived Family Burden Scale (PFBS) and Positive and Negative Syndrome Scale (PANSS) obtained before and three months after delivery between the intervention and the control groups. It was found that psychoeducation offered to the caregivers along with TAU offered to patients might resulted in diminished perceptions of burden among care givers and enhanced improvement in the clinical course of patients as a result of psycho education offered to caregivers. (**Muge Bulut., 2016**)

An experimental study was conducted to evaluate the effectiveness of the psycho-education on caregivers' burden among caregivers' of patients with schizophrenia. Forty caregivers were randomly allocated to two groups, n=20 for study group and n=20 for control group, Data were assessed by the administering the Burden Assessment Schedule (BAS) as a tool. Pre-test was given both the study and control groups. The psycho-education was given to study group separately, the control group was with routine care. After one month posttest 1 and

after two months post test 2 were conducted for both the groups. The scores of burden of caregivers' before and after psycho education were showed statistically significant relationship in psycho-education and burden level. The researcher found that psycho-education was targeting the caregivers of patients with schizophrenia should resulted in successful treatment, regular follow-ups and rehabilitation of their patients and also helps them to control and manages their stress and burnout. **(Sunanda G T., 2013)**

An experimental study was conducted to assess the effectiveness of family psycho-education in reducing patients' symptoms and on family caregiver burden Iranian. Seventy caregivers were randomly allocated to the experimental (n=35) and control groups (n=35). The psycho-educational program consisted of ten 90 min sessions held during five weeks (two session in each week). Each caregiver attended 10 sessions (in five weeks). At baseline data was collected immediately after intervention, and one month later. Brief Psychiatric Rating scale and family Burden questionnaires were used to assess patients' clinical status and caregiver burden. The study findings revealed a significantly reduced symptom severity and caregiver burden both immediately after intervention and one month later. These results suggest that even need based short-term psycho-educational intervention for family members of patients with schizophrenic disorder which will improve the outcomes of patients and their families **(Farkhondeh Sharif et al., 2012)**

Conclusion:

This chapter deals with the review of literature on various areas like knowledge of family members on antipsychotic drug therapy, side effects, importance of structured teaching programme regarding antipsychotic drug therapy. The literature laid foundation for the present study which briefly describes selection criteria and method of analysis. These reviews contributed the knowledge for the present study. Studies which included survey study, randomized and experimental study were reviewed deeply. In conclusion review of literature supports the effectiveness of structured teaching programme to caregivers on antipsychotic drugs. This literature review confirmed that structured teaching programme is effective.

CHAPTER-III

MATERIALS AND METHODS

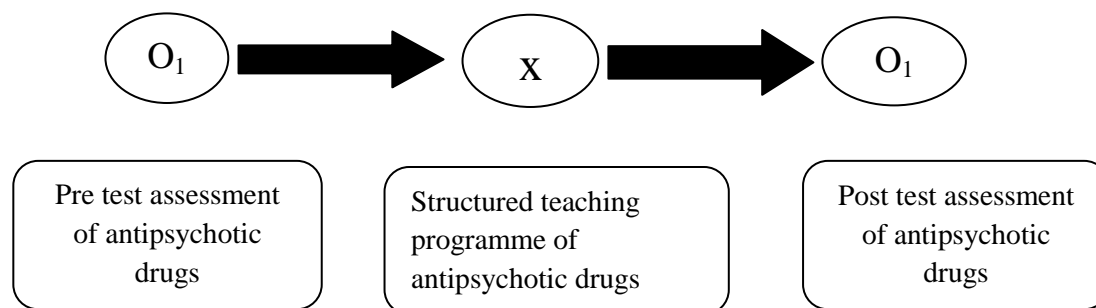
Research design provides the glue that holds the research project together, to show how all major parts of the research project linked. This study is designed to promote the knowledge on antipsychotic drugs among family members of psychiatric patient. It includes the research design, setting, population and sampling, sample size, determination, instruments and tools for data collection, variables of the study and techniques of data collection, methods of data analysis and interpretation of the study.

3.1 Research Design

The research design selected for this study is pre-experimental design, one group pre-test and post-test design. Here the test acts as a measurement tool for the evaluation of effect on post-test. This is a straight forward design in which there is only pre-assessment and one post assessment with only one set of intervention. The level of knowledge of family members was assessed through structured teaching programme improve the knowledge about antipsychotic drugs.

Research Methodology

Research Design: Pre-experimental, one group pretest and post-test only design.



3.2 Variables of the study

3.2.1 Independent variable

The independent variables in this study is structured teaching programme.

3.2.2 Dependent Variable

The dependent variables in this study is knowledge regarding antipsychotic drugs among care givers of psychiatric patients.

3.3 Setting of the study

The study was conducted in Psychiatric Ward, New psychiatric ward at PSG Hospitals, Peelmedu, Coimbatore. The Hospital is a multi specialty hospital and research Centre with bed strength of 1315 which caters multi lingual patients from various parts of the country. The PSG Hospitals has an outpatient facility whereby around 1000 patients take medical advice every day. This is the first teaching hospital in Tamilnadu and the third teaching hospital in India to get certified by National Accredited Board for Hospitals and Health Care Providers (NABH). The study was conducted in the Psychiatric Ward and New Psychiatric ward for care givers of psychiatric patients.

3.4 Population and sampling

The population consists of care givers of psychiatric patients who are receiving antipsychotic drugs at PSG Hospitals, Coimbatore. The total number of patients receiving antipsychotic drugs from 2016 to 2017 were 855. Sample size was calculated by using power analysis method.

3.4.1 Sampling technique and sample size

The sampling technique used in this study was Non- Probability purposive sampling technique to select the eligible population. The calculated sample size was 40 care givers who are receiving antipsychotic drugs. Total samples were care givers who met the inclusion criteria were selected for this study.

Sample size and calculation

$$n = \frac{Z^2 \times N \times SD^2p}{(N - 1)e^2 + Z^2 \times SD^2p}$$

N = size of population

n = size of sample

e = acceptable error

SDp = standard deviation of a population

Z = standard variation at a given confidence level

$$n = (1.96)^2 \times 856 \times (10)^2 / (855 - 1) \times (3)^2 + (1.96)^2 \times (10)^2$$

$$n = 328704 / 8079$$

$$n = 40.6 \text{ which is rounded to } 40$$

3.4.2 Sampling criteria

3.4.2.1 Inclusion Criteria

- ✓ Caregivers of patients receiving antipsychotic drugs.
- ✓ Caregivers who are spouse, parent, grandchildren from the age of 17 years
- ✓ Those who can read English or Tamil.
- ✓ Person who are willing to participate in the study.

3.4.2.2 Exclusion Criteria

- ✓ Care giver not available during study period.
- ✓ Siblings of psychiatric patient who are children.

3.5 Instrument and Tool for Data Collection

The tool consists of two sections

Section-A: Demographic variable.

Section-B: Structured questionnaire on knowledge regarding antipsychotic drugs.

Section-A: Demographic variable

Base line profile such as age, sex education status, occupational status, family income, previous information about antipsychotic drugs, relationship with the patient, diagnosis, duration of illness, duration of antipsychotic drugs.

Section B: Structured teaching programme

It consists of 30 questions which includes knowledge regarding antipsychotics drugs' action, indication, side effects and its management and family member role.

Area wise of antipsychotic drugs questionnaire with its scores

S.NO	Level of knowledge	Score	Inadequate knowledge (< 50%)	Moderately knowledge (50-75%)	Adequate knowledge (76-100%)
1	Action of antipsychotic drugs	6	0-2	3-4	5-6
2	Side effects and its management of antipsychotic drugs	18	0-6	7-12	13-18
3	Family member role	6	0-2	3-4	5-6
	Over all knowledge	30	0-14	15-22	23-30

Each item had four alternative response. Correct response was given one score and incorrect answer scoring was zero.

Score Interpretation

Adequate knowledge	-	23-30	(>75%)
Moderately adequate knowledge	-	15-22	(50-75%)
Inadequate knowledge	-	23-30	(<50%)

3.5.1 Validity and reliability of tool

Validity of the tool

Validity is an instrument. The term validity refers to which a test measures what it claims to measure. The content validity of the tool was obtained from experts in psychiatry and psychiatric nursing department. The experts gave their opinions, clarity and appropriateness of the tool.

Reliability of the tool

Reliability of the tool was computed by using 't' test method. It was computed using Karl Pearson coefficient method. The reliability obtained for structured antipsychotic drugs knowledge questionnaire was ($r = 0.88$). The tool was found to be highly reliable and feasible for the study.

3.5.2 Techniques of Data collection:

Screening was done among care givers who are receiving antipsychotic drugs. Consent obtained from the care givers who met the inclusion criteria were selected by non probability purposive sampling. Main study was conducted from 1st February to 3rd March for 6 weeks at PSG Hospital, Coimbatore. Demographic data was obtained from medical records and through one to one interview. Pre-test was conducted before the education and administered the knowledge questionnaire to patients care givers on antipsychotic drugs with a structured teaching programme was given through power point for each 15-20 minutes. After 7days post-test assessment was done by questionnaire method.

Data collection procedure

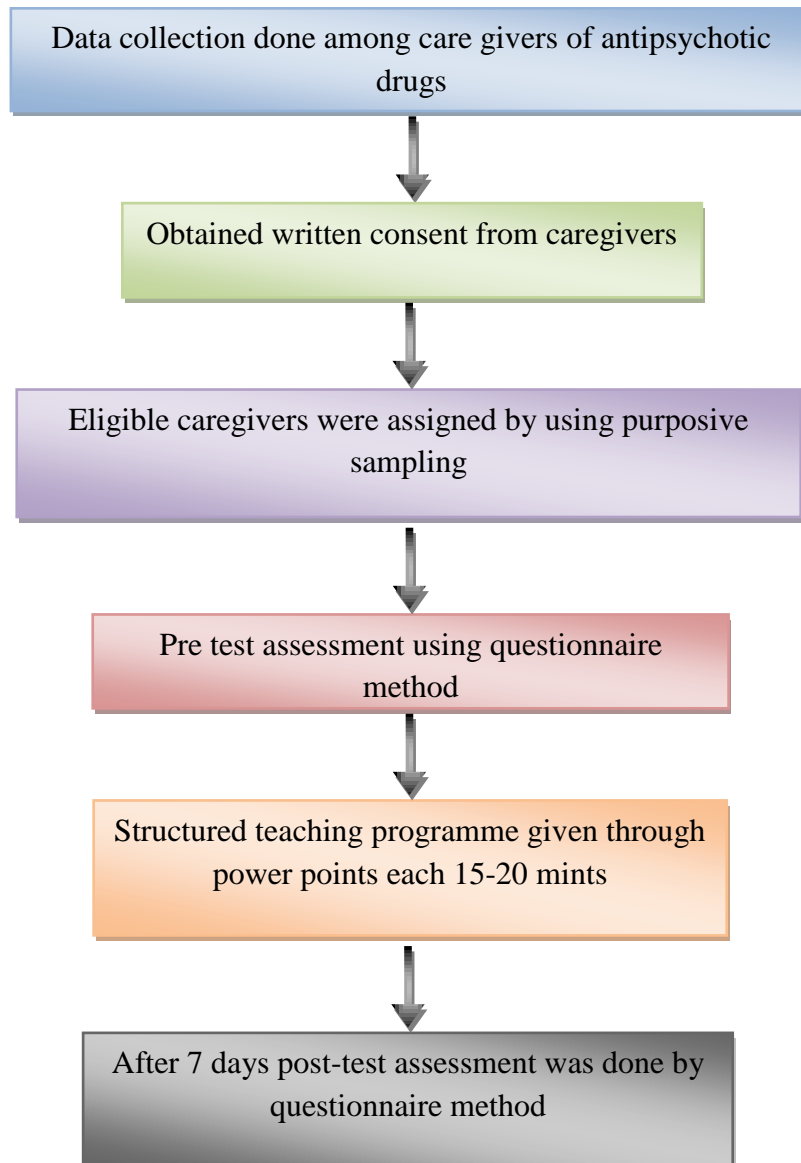


Figure 3.5.3 Schematic representation of data collection procedure

3.6 Ethical approval

The proposal was submitted to the Institutional Human Ethics Committee, PSG Institute of Medical Science and Research reviewed the proposal approved the study to conduct. Consent was obtained from care givers. After getting clearance from Institutional Human Ethics Committee data collection was done.

3.7 Pilot study report

Pilot study was conducted to test the practicability of the tool and feasibility of tool for conducting the main study. It was conducted for a period of one week from 30-10-2017 to 05-11-17 in psychiatric ward and new psychiatric ward of PSG hospitals. Ten samples were selected, pre-test was conducted by using structured teaching on antipsychotic drugs. There after intervention was given by using power point presentation. After 7th day post test was given by using same questionnaire to analyse their improvement. The data was collected by the questionnaire method. The data was tabulated and analyzed using descriptive and inferential statistics. By using paired 't' test data analysis was done and the paired 't' test value was during pre-test 12.1, post-test 24.2 which is significant at the level of ($p < 0.05$). The result revealed that there is significant improvement in the knowledge of the care givers regarding antipsychotic drugs ($r = 0.88$). Through the pilot study, the reliability and practicability of the tool and feasibility of the study has been found.

3.7.1 Changes Brought After Pilot Study

After pilot study, modifications and additions were done. Tool was refined with subheading action and side effects its management, family member role .

3.8 Data analysis plan

The data was analysed using descriptive and inferential statistics.

Descriptive statistics

- Frequency and percentage was used for describing demographic variables. Level of knowledge was analysed by using mean and standard deviation.

- Mean and standard deviation will be used to describe the level knowledge regarding antipsychotic drugs.

Inferential statistics

- Paired 't' test was used to assess the significant differences in post-test level of knowledge regarding antipsychotic drugs.
- Chi-square will be used to find out the association between pre-test score of care givers and with their selected demographic variables.

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

Data analysis is the process of analyzing the data in such a way that the research question can be answered (Hungeler and Polit, 2004). This chapter deals with analysis and interpretation of data collected from patients of PSG Hospitals Coimbatore. The study was intended to assess the level knowledge among the care givers of psychiatric patients regarding the antipsychotic drugs. This results are to be evaluated and interpreted by researchers with the consideration to the overall aim of the project. In this study data was collected from 40 caregivers in psychiatric ward in PSG Hospital . Data collected were analyzed and presented tables and graphs.

This chapter is organized under the following sections:

- Frequency and percentage distribution of demographic variables among care givers of patients on antipsychotic drugs.
- Frequency and percentage distribution of demographic profile of the patients on antipsychotic drugs
- Assessment of overall knowledge of care givers about antipsychotic drugs
- Assessment of knowledge of care givers about antipsychotic drugs area wise
- Comparison of pretest and posttest knowledge of care givers about antipsychotic drugs through paired 't' test
- Frequency and percentage distribution of level of knowledge of care givers about action antipsychotic drugs.
- Frequency and percentage distribution of level of knowledge of care givers about side effects and its management of antipsychotic drugs.
- Frequency and percentage distribution of level of knowledge of care givers about family member role of antipsychotic drugs
- Association between pre-test knowledge regarding antipsychotic drugs among care givers and their selected demographic variables

4.1 Demographic profiles of the care givers of patients on antipsychotic drugs.

Table 4.1. Frequency and percentage distribution of Demographic variables among care givers of patients on antipsychotic drugs **n = 40**

S. No	Demographic Data	Frequency (f)	Percentage (%)
1	Age		
	15-24 years	2	5
	25-34 years	11	27.5
	34-44 years	12	30
	45-54years	13	32.5
	55 above	2	5
2	Gender		
	Female	24	60
	Male	16	40
3	Educational status		
	Illiterate	3	7.5
	Primary	7	17.5
	Secondary	12	30
	Higher Secondary	9	22.5
	Under graduate	6	15
	Post graduate	3	7.5
4	Occupational Status		
	Unemployed	12	30
	Self employed	14	35
	Private employed	12	30
	Govt Employed	2	5
5	Family income		
	Less than 5000	7	7.5
	5001 to10000	18	45
	10001 to 15000	10	25
	Above 15000	5	12.5
6	Previous information regarding antipsychotic drugs		
	Yes	18	45
	No	22	55
7	Relationship with the patient		
	Parent	18	45
	Spouse	14	35
	Son	4	10
	Grand children	4	10

The above table reveals that majority of the care givers of antipsychotic drugs were in the age group 34-44 years. 13(32.5%) female were 24 (60%,). Regarding the educational status secondary education 12 (30%), higher secondary 9(22.5%), had primary, post graduate education 3(7.5) had primary education 7(17.5 %) had under graduate education 6(15%).

Regarding the occupation most of them 14 (32%) were self-employed, 12 (30%) unemployed and private employed, 2 (5%) were government employed. With regard to family income more than half of them 18(45%) had family income between Rs.5001to10000, 10 (25%) had more than 15000. Considering the previous information regarding antipsychotic drugs in which 18(45%) and 22(55%), the relationship with the patient 18(45%) were parent, 14(35%) were spouse are but and grand children of the care givers were in less numbers 4(10%).

4.2 Demographic profile of patients on antipsychotic drugs

Table 4.2 Demographic profile of patients on antipsychotic drugs

n=40

S. No	Demographic variables of patients on antipsychotic drugs					Frequency (f)	Percentage (%)
1.	Age	Male	%	Female	%		
	20 -30 years	3	7.5%	7	17.5%	10	25
	31- 40 years	6	15%	8	20%	14	35
	41- 50 years	5	12.5%	6	15%	11	27.5
	51 – 60 years	3	7.5%	2	5%	5	12.5
2.	Diagnosis						
	Bipolar affective disorder -current episode mania					18	45
	Bipolar affective disorder current episode depression					8	20
	Schizoaffective disorder					12	30
	If any other specify					2	5
3.	Duration of illness						
	Less than 1 year					12	30
	1-2years					3	7.5
	2-3years					3	7.5
	3-4 years					10	25
	Above 4 years					12	30
4.	Duration of antipsychotic drugs						
	0 to 1years					6	15
	1to 2years					14	35
	2-3 years					7	17.5
	3-4 years					2	5
	Above 4 years					11	27.5

In the present study, among 40 patients were in the age group of 20-30 years 10(25%) in which 3(7.5%) were males and 7(17.5%) were females and 14(35%) were in the age group of 31-40 years in which 6(15%) were male and 8(20%) were females and 11(27.5%) were in the age group of 41-50 years in which 5(12.5%) were males and 6(15%) were females and 14 and 51-60 years 5(12.5%) in which 3 (7.5%) were males and 2(5%) were females. Regarding the diagnosis most of them 18 (45%) were diagnosed as bipolar affective disorder current episode of mania and 8(20%) were diagnosed as BPAD-current episode depression. Considering the duration of illness less than 1 year 12 (30%), above 4 years 12(30%), 3 to 4 years 10 (25%) whereas less numbers in 1-2 years and 2-3 years. In relation to the duration of antipsychotic treatment 35%(14) had been taking antipsychotic drugs between 1-2 years, whereas 5% (2) were on antipsychotic treatment less than 3-4 years.

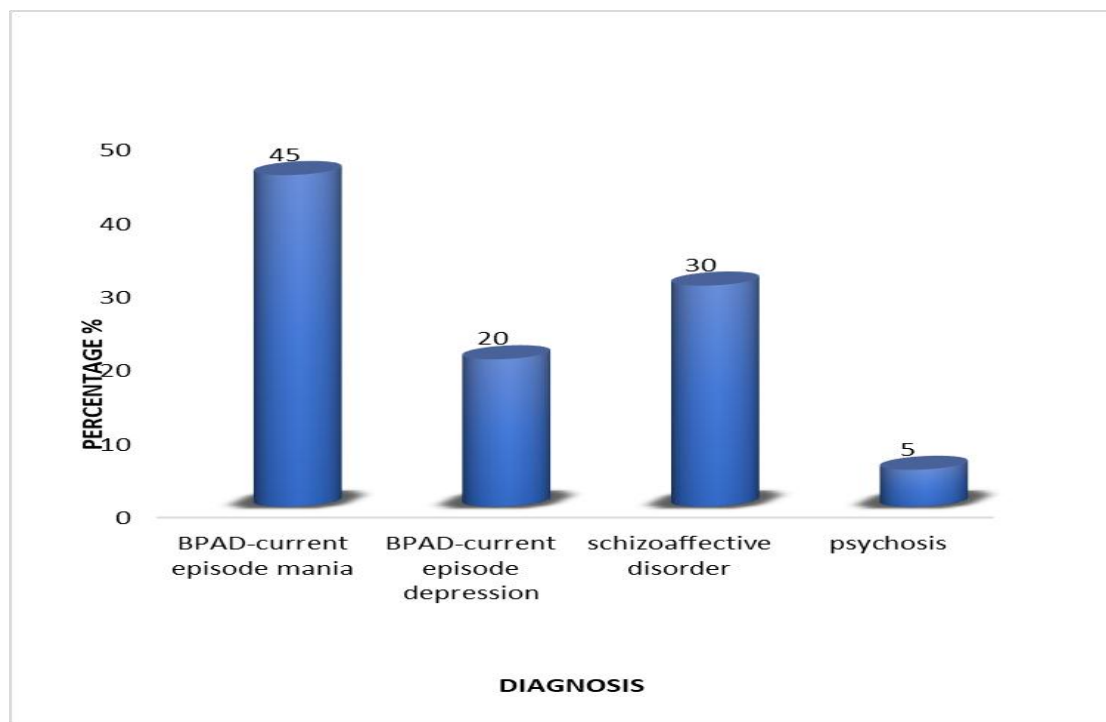


Figure 4.2.1 Cylindrical diagram shows the diagnosis of patients on antipsychotic drugs

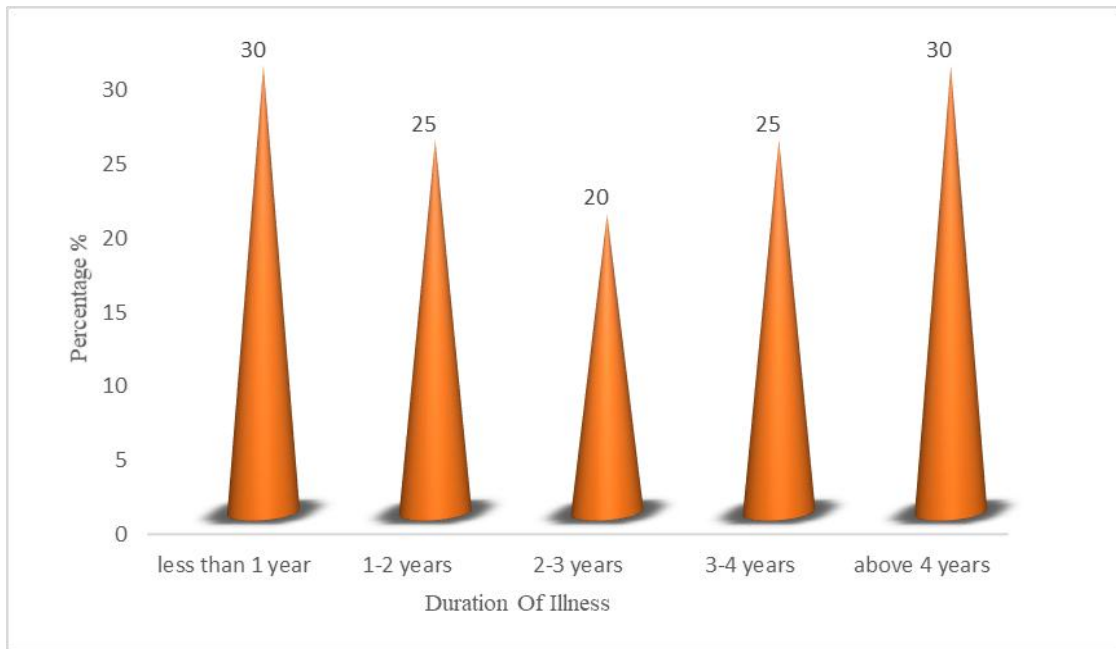


Figure 4.2.2 Cone diagram shows the duration of illness

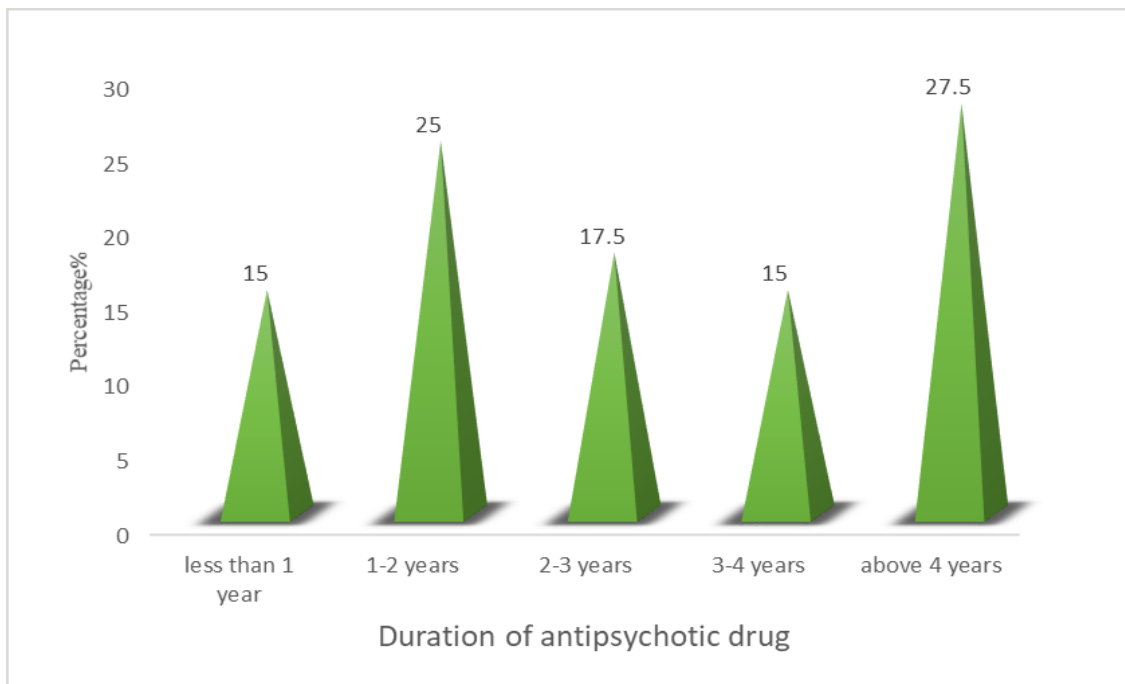


Figure 4.2.3 Pyramidal diagram shows the Duration of antipsychotic drug

Table 4.3 Assessment of overall knowledge of care givers about antipsychotic drugs**n=40**

S. No	Level of Knowledge (Score and percentage)	Pre-Test level of knowledge of care givers		Post Test level of knowledge of care givers	
		Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
1.	Adequate knowledge (>75%)	0	0	35	87.5%
2.	Moderately knowledge (50-75%)	3	7.5	5	12.5%
3.	Inadequate knowledge (< 50%)	37	92.5	0	0

In table 4.3, the data revealed that most of the care givers 37(92.5%) had inadequate knowledge, 3 (7.5%) had moderately adequate knowledge and none of them had adequate knowledge before the structured teaching programme on antipsychotic drugs. After the structured teaching programme, most of the care givers 35 (87.5%) had adequate knowledge, 5% (12.5%) had moderately adequate knowledge. This implies that structured teaching programme regarding antipsychotic drug has significantly improved the knowledge of care givers about antipsychotic drugs.

Table 4.4 Assessment of knowledge of care givers about antipsychotic drugs area wise**n=40**

S. No	Level of Knowledge	Pre-test						Post-test					
		Inadequate Knowledge (<50%)		Moderate Knowledge (50% - 75%)		Adequate Knowledge (>75%)		Inadequate Knowledge (<50%)		Moderate Knowledge (50% - 75%)		Adequate Knowledge (>75%)	
		f	%	f	%	f	%	f	%	f	%	f	%
1	Action of antipsychotic drugs	6	15	34	85	0	0	0	0	3	7.5	37	92.5
2	Side effects and its management of antipsychotic drugs	25	62.5	15	37.5	0	0	0	0	3	7.5	37	92.5
3	Family member role	6	15	34	85	0	0	0	0	0	0	40	100

In table 4.4, the data revealed that pretest knowledge of action of antipsychotic drugs among most of the care givers had 34 (85%) moderately adequate knowledge, 6 (15%) inadequate knowledge and none of them had adequate knowledge. Side effects and its management of antipsychotic drugs half of the care givers 25(62.5%) had inadequate knowledge, 15(37.5%) had moderately adequate knowledge. Family member role regarding antipsychotic drugs most of the care givers 34 (85%) had moderately adequate knowledge, 6 (15%) inadequate knowledge and none of them had adequate knowledge before the structured teaching programme on antipsychotic drugs.

In posttest after structured teaching programme regarding action of antipsychotic drugs most of the care givers 37 (92.5%) had adequate knowledge, 3 (7.5%) had moderately adequate knowledge and none had inadequate knowledge. Side effects and its management of antipsychotic drugs most of the care givers 37(7.5%) had adequate knowledge, 3(7.5%) had moderately adequate knowledge. Family member role regarding antipsychotic drugs most of the care givers 40 (100%) had adequate knowledge, none had moderately adequate knowledge and inadequate knowledge. This implies that structured teaching programme regarding antipsychotic drug has significantly improved the knowledge of care givers about antipsychotic drugs.

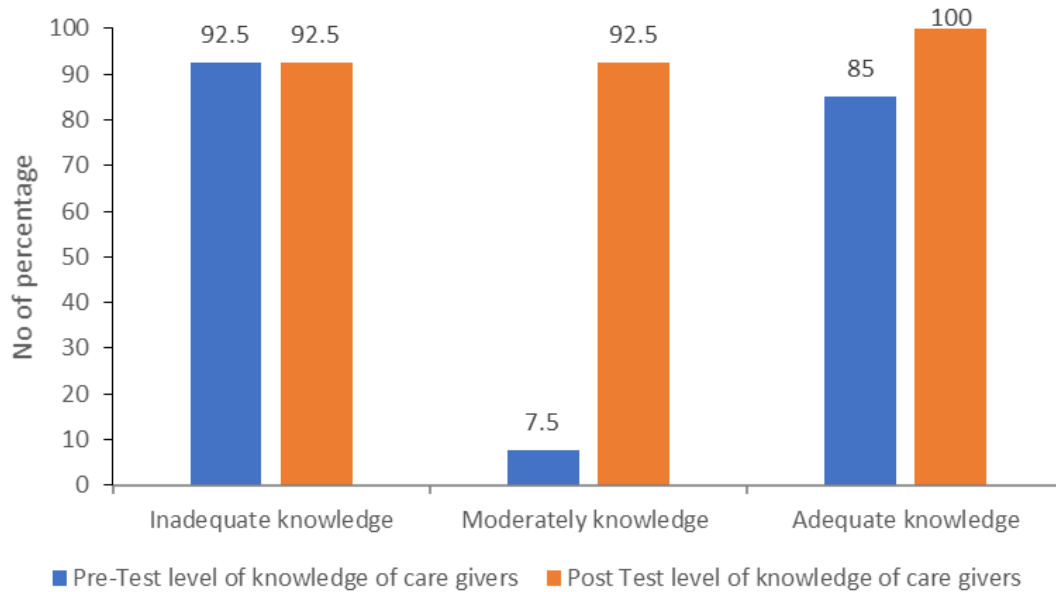


Fig 4.3. Clustered column diagram shows the overall knowledge of care givers about antipsychotic drugs

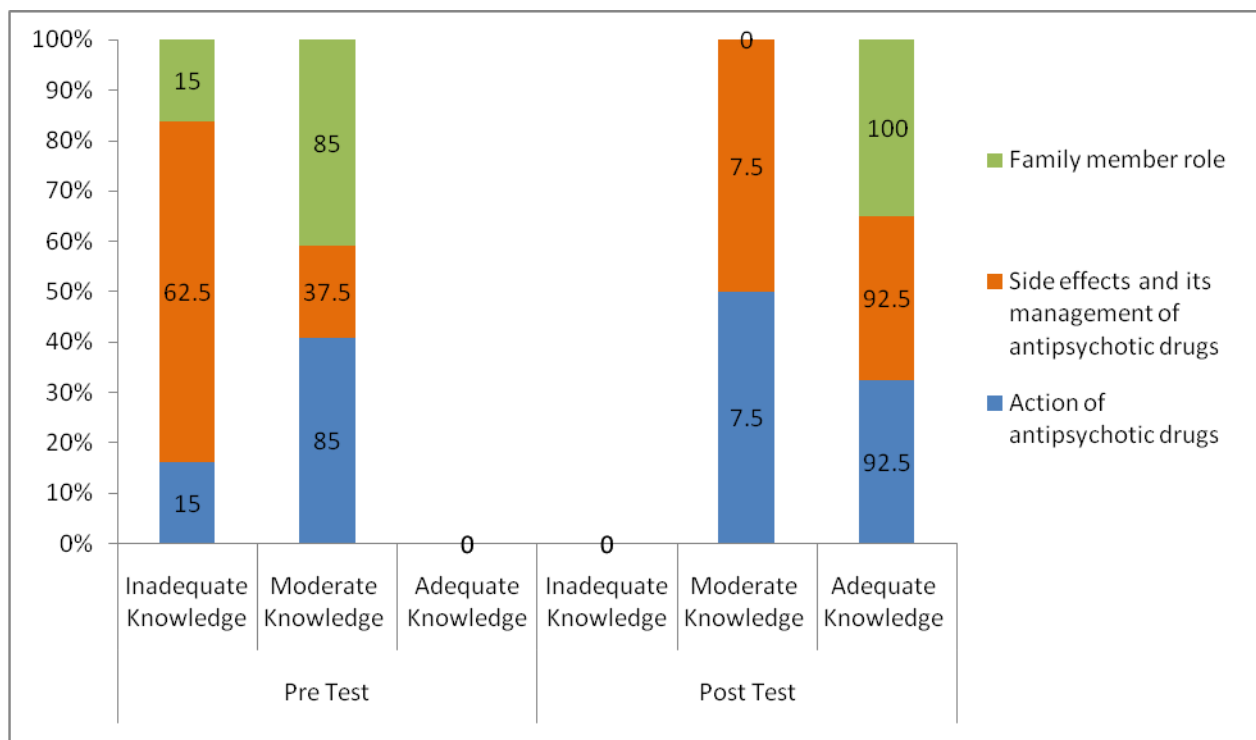


Fig 4.4. Stacked diagram shows the level of knowledge in area wise

Table 4.5 Comparison of pre-and post-test knowledge score of caregivers regarding antipsychotic drugs.
n = 40

H₀: There will not be a significant difference between pretest knowledge score with the posttest knowledge score of care givers about antipsychotics

S. No	Level of Knowledge	Pre-Test Mean \pm SD	Post Test Mean \pm SD	't' value	Table Value
1	Action of antipsychotic drugs	3.10 \pm 0.71	5.63 \pm 0.63	16.18*	2.02
2	Side effects and its management of antipsychotic drugs	6.10 \pm 1.61	14.30 \pm 1.24	25.89*	2.02
3	Family member role	2.83 \pm 0.78	5.50 \pm 0.60	17.91*	2.02
4	Over all knowledge of antipsychotic drugs	11.90 \pm 2.06	25.35 \pm 1.23	35.01*	2.02

Note: *statistically significant $p < 0.05$

Table 4.5 describes that action of antipsychotic drugs pretest mean and SD was (3.10 \pm 0.71) whereas in the post mean and SD was (5.63 \pm 0.63). The calculated 't' value 16.18 which was > table value. In side effects and its management of antipsychotic drugs, pretest mean and SD was (6.10 \pm 1.61) but in post-test mean and SD was (14.30 \pm 1.24) calculated 't' value 25.89 which was > table value. Same way the knowledge in family member role of antipsychotic drugs pretest mean and SD was (2.83 \pm 0.78) where as in post-test mean and SD was (5.50 \pm 0.60) calculated 't' value 17.91 which was > table value. The overall knowledge of antipsychotic drugs pre-test mean and SD was (11.90 \pm 2.06) whereas in the post-test mean there was change in post test mean and SD (25.35 \pm 1.23) and the calculated 't' value 35.01 which was > table value 2.06 which shows significance. This implies that structured teaching programme regarding antipsychotic drug has significantly improved the knowledge of care givers about antipsychotic drugs. Hence the null hypothesis is rejected.

4.6 Frequency and percentage distribution of level of knowledge of care givers about antipsychotic drugs

Table 4.6.1 Frequency and percentage distribution of level of knowledge of care givers about action antipsychotic drugs. n=40

S.No	Action of Antipsychotic drug	Pre-test		Post-test	
		f	%	f	%
1	Meaning of Antipsychotic drug	40	100	40	100
2	Part of the body where antipsychotic drugs act	23	57.5	40	100
3	Action of Antipsychotics drugs	19	47.5	40	100
4	Time of administration of antipsychotic drug	32	80	40	100
5	Indication of Antipsychotic drugs	3	7.5	36	90
6	Contra -indication of Antipsychotic drugs	4	10	33	82.5

Table 4.6.1 shows in posttest scores from that of pretest along the section of action of antipsychotic drugs. It was found that majority participants fell under the category of inadequate knowledge level regarding indication 3 (7.5%),contraindication of antipsychotic drugs 4(10%). Participants responded at the level of moderately adequate knowledge level part of the body where antipsychotic drugs act 23(57.5%) as well as time action of antipsychotic drugs 19(47.5%). All participants had adequate knowledge for the meaning of antipsychotic drugs.

During post-test, all participants were found to be with adequate level for all the 7 items under action of antipsychotic drug therapy. It is obvious that the structured teaching programme on antipsychotic drug therapy has shown effective on the knowledge score of the care givers.

Table 4.6.2 Frequency and percentage distribution of level of knowledge of care givers about side effects and its management of antipsychotic drugs.

n=40

S.No	Side effects and its management of Antipsychotic drugs	Pre-test		Post-test	
		F	%	F	%
1	Guidance at the time of palpitation	13	32.5	38	95
2	Decision making regarding nausea, vomiting and diarrhea	28	70	37	92.5
3	Care during giddiness	14	35	36	90
4	Handling at the time of seizure	10	25	29	72.5
5	Hormonal effects of drug on men	1	2.5	27	67.5
6	Hormonal changes in women due to drug			26	65
7	Role of care giver while shaky arms	12	30	35	87.5
8	Role of care giver when restless	12	30	30	75
9	Care during uncontrollable movement of face or body	5	12.5	27	67.5
10	Action when slow walking than usual	20	50	35	87.5
11	Handling during blurring of vision	4	10	28	46.6
12	Care at the time of dry skin	9	22.5	40	100
13	Decision making while excessive salivation from the mouth	9	22.5	36	90
14	Management in the course of significant weight gain	13	32.5	33	82.5
15	signs & symptoms of agranulocytosis	-	-	26	65
16	Caution during decreased white blood cell count	6	15	33	82.5
17	Knowledge on hyperglycemia induced by antipsychotic drugs	20	50	31	77.5
18	Step to be taken at the time of constipation	22	55	36	90

Table 4.6.2 shows increase in post test scores from that of pre-test. It was found that majority participants file under the category of inadequate knowledge regarding care during giddiness 14(35%), handling of seizure 10 (25%), hormonal changes in men due to drug 1(2.5%) hormonal effects on women, role of care giver while shaky arms 12(30%), role of care giver when restless 12 (30%), care during uncontrollable movement of face or body 5(12.5%), handling during blurring of vision 4(10%), care at the time of dry skin 9(22.5%), decision making while excessive salivation from the mouth 9(2.5%), Management in the course of significant weight gain 13(32.5%), caution during decreased white blood cell count 6(15%). Participants responded at the level of moderately adequate knowledge level Decision making regarding nausea, vomiting and diarrhea 28(70%), action when slow walking than usual 20(50%), Knowledge on hyperglycemia induced by antipsychotic drugs 20(50%), Step to be taken at the of constipation on 22(55%).

During post-test, all participants were found to be improved with knowledge towards adequate knowledge for guidance at the time palpitation 38(95%) Decision making regarding nausea, vomiting and diarrhea 37 (92.5%), care during giddiness 36(90%), handling at the time seizures 29 (72.5%), Role of care giver while shaky arms 35(87.5%), care at the time of dry skin 40 (100%), decision making while excessive salivation from the mouth and step to be taken at the time of 36(90%), Management in the course of significant weight gain 33(82.5%), caution during decreased white blood cell count 33(82.5%) knowledge on hyperglycaemia induced by antipsychotic drugs 31 (77.5%), hormonal effects of drugs on men 27(67.5%), hormonal changes in women due to drug 26(65%), care during uncontrolled movement of the face or body 27(67.5%), handling blurring of vision 28(46.6%), signs and symptoms of agranulocytosis were in 26 (65%). It is obvious that the structured teaching programme on antipsychotic drug therapy has shown effective on the knowledge score of the participants.

4.6.3 Frequency and percentage distribution of level of knowledge of care givers about family member role regarding antipsychotic drugs. n=40

S.No	Family member role of antipsychotic drugs	Pre-test		Post-test	
		F	%	F	%
1	Care when sleepy during day	6	15	28	70
2	Continuing medication even if patient is doing well	8	20	36	90
3	Forgot to give a dose of medicine	10	25	36	90
4	Administration drug without prescription	14	35	40	100
5	Alcohol consumption during antipsychotic drug therapy	40	100	40	100
6	Carrying of identification card	40	100	40	100

Table 4.7.3 shows an increase in post test scores from that of pre-test along the section of family member role in antipsychotic drugs. It was found that majority of the participants fell under the category of inadequate knowledge level regarding family member role. Care when sleepy during the day 6 (15%), Forgot to give a dose of medicine 10 (25%) and continuing medication even if patient is doing well 8 (20%). Participants responded at the level of moderately adequate knowledge in drug administration without prescription 14(35%). All the participants had adequate knowledge regarding alcohol consumption during antipsychotic drug therapy and carrying identification card were 40 (100%).

During post-test all participants were found to have improved in knowledge with adequate knowledge level for all the 6(items) under the family member role of antipsychotic drugs. It is obvious that the structured teaching programme on antipsychotic drug therapy has shown effect on the knowledge score of the care giver

Table 4.7 Association between pre-test knowledge regarding antipsychotic drugs among care givers and their selected demographic variables

H₀: There will not be a significant association between pretest scores of caregivers with selected demographic variables. **n=40**

	Inadequate Knowledge f (%)	Moderate Knowledge f (%)	Degree of freedom	Calculated χ^2 value	Tabulated value
Age in years					
15-24 years	1(0.25%)	1(0.25)	4	1.76 (NS)	9.48
25- 34 years	8(20%)	3(0.75)			
35-44 years	10 (25%)	3 (7.5%)			
45 -54 years	10 (25%)	2(5%)			
55 above	1 (0.25%)	1(0.25%)			
Gender					
Male	5(50%)		1	0.01 (NS)	3.8
Female	4(10%)	1(0.25%)			
Education					
Illiterate	2(5%)	1(0.25%)	3	0.26 (NS)	7.81
Primary	5(12.5%)	2(5%)			
Secondary	9(22.5%)	3(7.5%)			
Higher secondary	6(15%)	3(7.5%)			
Diploma	4(10%)	2(5%)			
Under graduate		-			
Post graduate	2(5%)	1(0.25%)			
Any other specify	-	-			
Occupational status					
Unemployed	10(25%)	2(5%)	2	0.96 (NS)	5.99
Self Employed	10(25%)	3(7.5%)			
Govt. Employed	1(0.25%)	1(0.25%)			
Private Employed	8(20%)	4(10%)			
Any other	-	-			
Family income					
Less than 5000	9(22.5%)	3(7.5%)	3	1.08 (NS)	5.99
5000 to10000	6(15%)	4 (10%)			
10000 to 15000	10(25%)	3(7.5%)			
Above 15000	4 (10%)	1(0.25%)			
Any other	-	-			

Relationship with the Patient					
Parent	12(30%)	6(15%)	2	1.9 (NS)	5.99
Spouse	11(27.5%)	3(7.5%)			
Son or daughter	2(5%)	1(0.25%)			
Grand children	1(0.25%)	1(0.25%)			
In-law					
Duration of illness					
Less than 1 year	4(40%)	1(10%)	2	0.635 (NS)	5.99
1-2years	2 (20%)	1 (10%)			
2-3 years	1(10%)	1(10%)			
3-4 years	-	-			
Above	-	-			

Note- NS: Non-significant at the level of $p < 0.05$

The above table value shows that there is no significant association between pre-test knowledge score and demographic variables such as age, gender, education, occupational status, relationship with the patient, duration of illness, previous knowledge regarding antipsychotic drugs which was less than table value of 5.99 and it was not significant at $p < 0.05$ level. Hence the null hypothesis is rejected.

CHAPTER-V

RESULTS AND DISCUSSION

This chapter presents a detailed discussion based on the major objectives, corresponding findings and observation during the conduct of the study. The present study was conducted to assess the effectiveness of structured teaching programme on knowledge regarding antipsychotics drugs among care givers of psychiatric patients. The study finding was compared with the findings and observation of similar studies.

5.1 Frequency and percentage distribution of demographic variables among care givers of patients on antipsychotic drugs

The present study shows that among 40 care givers 24(60%) were females, 18 (45%) family income between 10001 to 15000.

These findings are similar to another study on effectiveness of planned teaching about knowledge regarding side effects of typical antipsychotics among the primary care givers which showed that among 40 primary care givers 24 (60%) were in females, 20 (50%) family income up to 10,000. (Sayali Devidas Dambhe et al., 2018)

Regarding educational status 9 (22.5%) were higher secondary, 3 (7.5%) were post graduate. 18 (45%) were parent of their patient relatives.

These findings are similar to another study conducted on effectiveness of information booklet regarding knowledge of caregivers regarding the care of patients receiving antipsychotic drugs which showed that among 40 care givers 25% were in higher secondary and 10% were in postgraduate. similarly 26% of fathers and 20% of mothers are the patient relatives. (Anandkumar C. Jahgirdar and Narayan K. Ghorpade., 2017)

5.2 Demographic profile of the patients on antipsychotic drugs

In the present study, regarding the demographic profile of the patient 14(35%) were in age group of 31-40 years.

These findings are supported with another study conducted on a study to assess the effectiveness of structure teaching programme on side effects on antipsychotic drugs. These study results reveals that 20(60%) were in age group of 30-40 years.

Regarding the duration of antipsychotics drugs 14(35%) were in 1-2 years of time period. However on duration of illness less than half 12(30%) were in less than 1 year. The above findings are similar to another study conducted on to assess the effect on psycho education programme on antipsychotics drugs complaint which showed that than half 15(45%) were in less 1-2 years.

5.3 Assessment of overall knowledge of care givers about antipsychotic drugs

In the current study describes that most of the care givers 35 (85%) had inadequate knowledge, very few 6(15%) had moderately adequate knowledge and none of them had adequate level of knowledge in pretest. Whereas after education majority 32 (80%) of them had adequate level of knowledge, 8(20%) had moderately adequate knowledge.

These findings are supported to another study conducted on to determine knowledge on atypical antipsychotic drugs. The study revealed that equal amount of 9 (45%) of them had good, and average knowledge, and only a few 2(10%) of them had excellent knowledge after structured teaching programme. (**Benedicta Jane et al, 2015**)

5.4 Assessment of knowledge of care givers about antipsychotic drugs area wise

In the present study, during pretest, side effects and its management of antipsychotic drugs half of the care givers 25(62.5%) had inadequate knowledge, 15(37.5%) had moderately adequate knowledge.

These findings are supported to another study conducted on effectiveness of planned teaching about knowledge regarding side effects of typical antipsychotics among the 40 primary care givers. The subjects had pre test score of 3(7.5%) with poor knowledge regarding the side effects antipsychotics, while 29(72.5%) had average knowledge and 8(20%) subjects had good knowledge and none of the subjects had excellent knowledge. (**Sayali Devidas Dambhe, et al., 2018**)

In pretest family member role regarding antipsychotic drugs, most of the care givers 34 (85%) had moderately adequate knowledge, 6 (15%) had inadequate knowledge and none of them had adequate knowledge. These findings are supported to another study conducted on knowledge, attitudes and practices among Caregivers of Patients with Schizophrenia the pre test score 8(20%) were poor knowledge, while 32(72.5%) had average knowledge. **(MahadeoShinde, et al., 2014)**

In the present study, during posttest regarding side effects and its management of antipsychotic drugs most of the care givers 37(7.5%) had adequate knowledge, 3(7.5%) had moderately adequate knowledge.

These findings are supported to another study conducted on effectiveness of planned teaching about knowledge regarding side effects of typical antipsychotics among 40 primary care givers in the post -test, 1(2.5%) of the subject had average knowledge, 19(47.5%) good knowledge and 20(50%) had excellent knowledge regarding the side effects of antipsychotics. **(Sayali Devidas Dambhe et al., 2018)**

In posttest family member role regarding antipsychotic drugs most of the care givers 40 (100%) had adequate knowledge. These findings are supported to another study conducted on knowledge, attitudes and practices among Caregivers of Patients with Schizophrenia, the post test score 38(95%) had average knowledge, 2(5) had excellent knowledge. **(Mahadeo Shinde, et al., 2014)**

5.5 Comparison of pre and posttest knowledge score of caregivers regarding antipsychotic drugs

In the present study the overall knowledge of antipsychotic drugs pretest mean and SD was (11.9 ± 2.06) whereas in posttest mean was $SD (25.30 \pm 1.16)$ and the calculated 't' value was $(t=2.26)$ which shows statistically significant at $p < 0.05$. This results found that there was an effectiveness in structure teaching programme on knowledge regarding the care givers of antipsychotics drugs.

These findings are supported to another study on effectiveness of information booklet regarding knowledge of caregivers regarding the care of patients receiving antipsychotic drugs pre test mean and SD was (10.32±2.46) whereas post test mean and SD was (14.5± 2.80) and the calculated 't' value was (t=7.88) which shows statistically significant at p<0.05.

In the present study the side effects and its management of knowledge of antipsychotic drugs pretest mean and SD was (6.10± 1.61) whereas in post test mean was SD (14.30± 1.24 and the calculated 't' value was (t=25.89) which shows statistically significant at p<0.05.

These findings are similar to another study on effectiveness of planned teaching about knowledge regarding side effects of typical antipsychotics among the primary care givers pre test mean and SD was (10.1±2.74) whereas post test mean and SD was (18.05± 2.34) and the calculated 't' value was (t=13.71) which shows statistically significant at p<0.05. **(Sayali Devidas Dambhe et al., 2018)**

5.6 Frequency and percentage distribution in level of knowledge of care givers about action, side effects and its management and family member role of antipsychotic drugs.

In the present study, knowledge among all the participants were found to be adequate regarding time of administration, action of antipsychotic drug.

These findings are similar to another study on how to improve adherence to medication and follow-up in chronic mental illnesses. The study revealed that most of the care givers had knowledge about the illness. **(Mathan K, Sarkar S. et al., 2017)**

In the present study's post test the knowledge of antipsychotic drugs the results were, side effects and its management during giddiness 36(90%), handling at the time seizures 29 (72.5%), role of care giver while shaky arms 35(87.5%), care at the time of dry skin 40 (100%), weight gain 33(82.5%).

These findings are similar to another study, to assess the evolution of neuroleptic-induced extrapyramidal syndromes under long-term neuroleptic treatment. The study revealed that knowledge regarding giddiness management 87%, tremors 79% , dry skin 84% and weight gain 86%. **(Modestin J et al, 2015)**

In the present study regarding family member role in antipsychotic drugs. In pretest majority of the participants fell under the category of inadequate knowledge. After structured teaching programme all participants had adequate knowledge. These findings are similar to another study on how to improve adherence to medication and follow-up in chronic mental illnesses. The study revealed that most of the care givers not knowing about their role earlier, had significant improvement after education of care giver role, on regular medication intake and regular follow-ups. (**Mathan K, Sarkar S.et al., 2017**)

5.7 Association between pre-test knowledge regarding antipsychotic drugs among care givers with selected socio demographic variables

The Present study shows that there was no significant association between pre test knowledge level and selected socio demographic variables at the level of $p < 0.05$.

These findings are contradicted by another study, to assess knowledge on atypical antipsychotic drugs among caregivers of mentally ill patients. There was a significant association between 100 care givers and demographic variables such as age, education, occupation monthly income, relationship with the patient, duration of illness at the level of $p < 0.05$. (**Benedicta Jane et al., 2015**)

CHAPTER-VI

SUMMARY AND CONCLUSION

The present study was conducted to assess the effectiveness of structured teaching programme to caregivers on antipsychotic drugs at PSG Hospitals in Coimbatore.

The research design used in this study was pre-experimental design, one group pre-test and post-test design. The study was conducted in psychiatric ward at PSG Hospitals, Peelamedu, Coimbatore. The non probability purposive sampling technique was used in this study. The sample size was 40 care givers selected. The data were collected after ethical approval. Pre-test was conducted by using structured teaching on antipsychotic drugs. There after intervention was given by using power point presentation. After 7th day post test was given by using same questionnaire to analyse their improvement. The data was collected by the interview schedule and collected data was tabulated and analysed by using descriptive and inferential statistics like paired 't' test to identify significance difference between pretest and post-test knowledge score.

6.1 Major findings of the study

The mean value of knowledge of care givers about antipsychotic drugs as recorded as before and after the education is 11.90 and 25.3. The study revealed that there is a significant improvement in the overall knowledge score after the education.

- Majority of care givers 13 (32.5%) were in the age group of 45-54 years only 2 (5%) were in the age group 15-24 years and above 55 years.
- Among 40 care givers, most of them 24 (60%) were females and 16 (40%) were males.
- Majority of care givers 12 (30%) had higher secondary education 3 (7.5%) caregivers were illiterates.
- Most of the care givers 13 (32.5%) were self employees and only 2 (5%) were Government employed.
- Majority of the care givers 22 (55%) didn't get any previous information 18 (45%) had previous information.

- Among 40 patients 14 (35%) were in age group of 31-40 years and only 5 (12.5%) were 51-60 years.
- Most of them 18 (45%) were with the diagnosis BPAD current episode mania
- Among 40 patients 12 (30%) had the duration of illness between less than 1 year and above 4 years
- Majority of patients 14 (35%) had the duration of antipsychotic drug between 1 to 2 years and only 2 (5%) had the duration of antipsychotic drugs between 2 to 3 years.
- Among 40 care givers pretest knowledge of action of antipsychotic drugs among most of the care givers had 34 (85%) moderate knowledge, 6 (15%) inadequate knowledge and none of them had adequate knowledge.
- Side effects and its management of antipsychotic drugs half of the care givers 25 (62.5%) had inadequate knowledge, 15 (37.5%) had moderately adequate knowledge.
- Family member role regarding antipsychotic drugs most of the care givers 34 (85%) had moderately adequate knowledge, 6 (15%) inadequate knowledge and none of them had adequate knowledge.
- The overall knowledge of the care givers was 37 (92.5%) had inadequate knowledge and 3 (7.5%) had moderately adequate knowledge.
- Among 40 care givers posttest after structured teaching programme regarding action of antipsychotic drugs most of the care givers 37 (92.5%) had adequate knowledge, 3 (7.5%) had moderately adequate knowledge and none had inadequate knowledge.
- Side effects and its management of antipsychotic drugs most of the care givers 37 (92.5%) had adequate knowledge, 3 (7.5%) had moderately adequate knowledge.
- Family member role regarding antipsychotic drugs all of the care givers 40 (100%) had adequate knowledge.
- The overall knowledge of the care givers was 5 (12.5%) had moderately adequate knowledge and 35 (87.5%) had adequate knowledge.

- The statistical analysis revealed that the effectiveness of structured teaching programme to caregivers on antipsychotic drug showed that there was a significant difference between pretest and posttest mean score and the calculated 't' value which is greater than the table value 2.06 at the level of $p < 0.05$.
- There was no association between demographic variables and the pre-test level knowledge regarding antipsychotic drugs among care givers.

6.2 Conclusion

The main objective of study to assess the effectiveness of structured teaching programme on knowledge regarding antipsychotics drugs among care givers of psychiatric patients. The study concluded that the structured teaching was effective in significant improving the knowledge of care givers of psychiatric patient regarding antipsychotics drugs.

The primary responsibility of nurse is to create awareness and explain about antipsychotic drugs which will develop positive attitude and help to practice based on the standard.

6.3 Nursing Implications

According to Tolima, (1995) the section of the research report that focuses on nursing implication usually includes specific suggestion for nursing practice, nursing education, nursing administration and nursing research.

6.3.1 Nursing Services

- Nurses need to update the knowledge and practise on antipsychotic drugs in order to prevent medication error and complication related to antipsychotic drug.
- Regular health education program should be carried out by staff Nurse in psychiatric ward.
- Mental health educator can assess need of primary care givers of psychiatric patient regarding knowledge of antipsychotics and provide knowledge to them.

- Mass health education camping should be organized regularly by the health teams should be carried out periodically as routine practice to improve the compliance and to decrease relapse rate.

6.3.2 Nursing Education

- The nursing curriculum should be updated in relation to changing trends in antipsychotic drugs.
- Conferences, workshops and seminars can be held for nurses update the knowledge and positive attitudes.
- In-service education to update their knowledge in various health care settings should be given.
- Nursing curriculum has to focus on enabling the nursing students to identify risk groups and prevent complications.

6.3.3 Nursing Administration

- The present study is proposed to help the nurse administrators to strategically plan and meet the health needs of the psychiatric patients.
- The nurse administrators in both private and government sectors should take initiative actions to update the knowledge of risk groups on psychiatric patients.
- The nurse administrator can encourage the nurses for conducting research in various aspects of antipsychotic drugs.
- The nurse administrator can organize conference, workshop and seminars for nurses working in the psychiatric hospital.

6.3.4 Nursing Research

The importance of research in nursing is to build the body of knowledge. The findings of the present study serve as the basis for the professionals and the students to conduct further studies.

There is a need of extensive and intensive research in this area strategy for educating in preventing complications of antipsychotic drugs.

6.4 Limitations

- ❖ Limited sample size, so it cannot be generalized
- ❖ The study was limited only to a selected hospital.

6.5 Suggestions:

- ❖ The same study can be conducted with control group
- ❖ Long term study can be conducted to assess the effectiveness of psychoeducation programme on antipsychotic drugs among care givers.
- ❖ A follow up study regarding psychoeducation programme on antipsychotic drugs in the ward settings
- ❖ More researchers need to be undertaken to assess the effectiveness of a structured teaching programme on knowledge of staff nurses regarding extra pyramidal symptoms and its management among psychiatric patients.

6.6 Recommendation for future study

- The study can be replicated with large sample size.
- Such study can be carried out using information booklet, self instruction model. Computer-assisted instrument can be adopted in providing psycho education regarding antipsychotic drugs.
- A study can be undertaken to assess the problems faced by the care givers of patient on antipsychotic drugs.

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ANNEXURE-I

PSG COLLEGE OF NURSING, COIMBATORE-4.

Ref.No: CN/I/103/17

Date: 03.07.2017

To

The Dean
PSG IMSR&H
Peelamedu
Coimbatore.

Respected Sir,

Sub: Permission to conduct research req.reg

Warm Greetings!

This is to inform you that Mrs. Idah Theboral. G, I year M.Sc Nursing student of our College of Nursing, Coimbatore is planning to conduct a study on

“A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge regarding Anti Psychotic Drugs among Care Givers of Psychiatric Patient in a Tertiary Care Setting, Coimbatore”

as part of M.Sc(N) research requirement to be submitted at The Tamilnadu Dr. M.G.R Medical University, Chennai.



Kindly grant her permission for conducting pilot & Main study in our Hospital. We assure you that the study will be conducted without disturbing the routine activities of the Hospital.

Thanking you,


Dr. A. JAYASUDHA
PRINCIPAL

Cc to: The HOD, Dept of Psychiatric
The Nursing Superintendent




only with this approval


PSG COLLEGE OF NURSING, COIMBATORE-4.

Ref.No: CN/I/103/17

Date: 03.07.2017

To

The Dean
PSG IMSR&H
Peelamedu
Coimbatore.

Respected Sir,

Sub: Permission to conduct research req.reg

Warm Greetings!


This is to inform you that Mrs. Idah Thebora. G, I year M.Sc Nursing student of our College of Nursing, Coimbatore is planning to conduct a study on

"A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge regarding Anti Psychotic Drugs among Care Givers of Psychiatric Patient in a Tertiary Care Setting, Coimbatore"

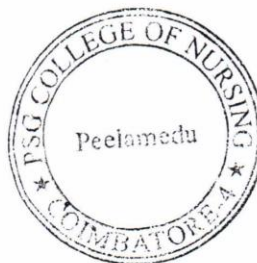
as part of M.Sc(N) research requirement to be submitted at The Tamilnadu Dr. M.G.R Medical University, Chennai.

Kindly grant her permission for conducting pilot & Main study in our Hospital. We assure you that the study will be conducted without disturbing the routine activities of the Hospital.

Thanking you,


Dr. A. JAYASUDHA
PRINCIPAL

Cc to: The HOD, Dept of Psychiatric
The Nursing Superintendent



*Permission granted; after
ethical approval she can
do this study*

C. Rajendran

ANNEXURE-II



PSG Institute of Medical Sciences & Research Institutional Human Ethics Committee

Recognized by The Strategic Initiative for Developing Capacity in Ethical Review (SIDCER)

POST BOX NO. 1674, PEELAMEDU, COIMBATORE 641 004, TAMIL NADU, INDIA

Phone : 91 422 - 2598822, 2570170, Fax : 91 422 - 2594400, Email : ihec@psgimsr.ac.in

Ms G Idah Theboral

I M Sc Nursing

Guides: Mrs Meera Saravanan

PSG College of Nursing

Coimbatore

Ref: Project No.17/243

Date: August 16, 2017

Dear Ms Idah Theboral,

Institutional Human Ethics Committee, PSG IMS&R reviewed and discussed your application dated 02.08.2017 to conduct the research study entitled *"Effectiveness of structured teaching programme on knowledge regarding antipsychotic drugs among care givers of psychiatric patients in a tertiary care setting, Coimbatore"* during the IHEC meeting held on 11.08.2017.

The following documents were reviewed and approved:

1. Project submission form
2. Study protocol (Version 1 dated 02.08.2017)
3. Informed consent forms (Version 1 dated 02.08.2017)
4. Data collection tool (Version 1 dated 02.08.2017)
5. Permission letter from the Dean and concerned Head of the Department
6. Current CVs of Principal investigator, Co-investigator
7. Budget

The following members of the Institutional Human Ethics Committee (IHEC) were present at the meeting held on 11.08.2017 at IHEC Secretariat, PSG IMS & R between 10.00 am and 11.00 am:

Sl. No.	Name of the Member of IHEC	Qualification	Area of Expertise	Gender	Affiliation to the Institution Yes/No	Present at the meeting Yes/No
1	Mr R Nandakumar (Chairperson, IHEC)	BA., BL	Legal Expert	Male	No	Yes
2	Dr. S. Bhuvaneshwari (Member-Secretary, IHEC)	MD	Clinical Pharmacology	Female	Yes	Yes
3	Dr S Shanthakumari	MD	Pathology	Female	Yes	Yes
4	Dr Sudha Ramalingam	MD	Epidemiologist Alt. member-Secretary	Female	Yes	Yes
5	Dr D Vijaya	M Sc., Ph D	Basic Medical Sciences (Biochemistry)	Female	Yes	Yes

The study is approved in its presented form. The decision was arrived at through consensus. Neither PI nor any of proposed study team members were present during the decision making of the IHEC. The IHEC functions in accordance with the ICH-GCP/ICMR/Schedule Y guidelines. The approval is valid until one year from the date of sanction. You may make a written request for renewal / extension of the validity, along with the submission of status report as decided by the IHEC.



PSG Institute of Medical Sciences & Research Institutional Human Ethics Committee

Recognized by The Strategic Initiative for Developing Capacity in Ethical Review (SIDCER)

POST BOX NO. 1674, PEELAMEDU, COIMBATORE 641 004, TAMIL NADU, INDIA

Phone : 91 422 - 2598822, 2570170, Fax : 91 422 - 2594400, Email : ihec@psgimsr.ac.in

Following points must be noted:

1. IHEC should be informed of the date of initiation of the study
2. Status report of the study should be submitted to the IHEC every 12 months
3. PI and other investigators should co-operate fully with IHEC, who will monitor the trial from time to time
4. At the time of PI's retirement/intention to leave the institute, study responsibility should be transferred to a colleague after obtaining clearance from HOD, Status report, including accounts details should be submitted to IHEC and extramural sponsors
5. In case of any new information or any SAE, which could affect any study, must be informed to IHEC and sponsors. The PI should report SAEs occurred for IHEC approved studies within 7 days of the occurrence of the SAE. If the SAE is 'Death', the IHEC Secretariat will receive the SAE reporting form within 24 hours of the occurrence
6. In the event of any protocol amendments, IHEC must be informed and the amendments should be highlighted in clear terms as follows:
 - a. The exact alteration/amendment should be specified and indicated where the amendment occurred in the original project. (Page no. Clause no. etc.)
 - b. Alteration in the budgetary status should be clearly indicated and the revised budget form should be submitted
 - c. If the amendments require a change in the consent form, the copy of revised Consent Form should be submitted to Ethics Committee for approval
 - d. If the amendment demands a re-look at the toxicity or side effects to patients, the same should be documented
 - e. If there are any amendments in the trial design, these must be incorporated in the protocol, and other study documents. These revised documents should be submitted for approval of the IHEC and only then can they be implemented
 - f. Any deviation-Violation/waiver in the protocol must be informed to the IHEC within the stipulated period for review
7. Final report along with summary of findings and presentations/publications if any on closure of the study should be submitted to IHEC

Kindly note this approval is subject to ratification in the forthcoming full board review meeting of the IHEC.

Thanking You,

Yours Sincerely,

Dr S Bhuvaneshwari
Member - Secretary
Institutional Human Ethics Committee



ANNEXURE-III

**PSG Institute of Medical Science and Research, Coimbatore
Institutional Human Ethics Committee
INFORMED CONSENT FORMAT FOR RESEARCH PROJECTS**

(Strike off items that are not applicable)

I Mrs.G.Idah Theboral carrying out a study on the topic: **“Effectiveness Of Structured Teaching Programme On Knowledge Regarding Antipsychotic drugs Among Care Givers Of Psychiatric Patients ,Tertiary care settings”**as part of my / our research project being carried out under the aegis of the Department of: Mental health Nursing

(Applicable to students only): My research guide is: Prof.Meera Saravanan

The justification for this study is: Providing care for a member of the family with mental illness is a progressively overwhelming experience for caregivers. They are the people who are always with the patients and their role is very important. Many of the caregivers are ignorant about the importance of medication, side effects and the continuity of follow-up. They are unprepared to care for their relatives who are just discharged from hospital or who need a long-term treatment and supervised care.

Due to short hospital stay and the involvement of the family in the care of the patient, the contact of the patient with healthcare personnel is minimal. It is the family which stays with the patients for 24 hours of the day helping the patient meet his/her needs. So, it is very important that caregivers receive sufficient knowledge as to how to care for their relatives who are on antipsychotic drugs.

The study indicates the need for emphasising on nurse's responsibility to teach the caregivers of patient receiving antipsychotic drugs regarding the (prevention of relapse) side effect, indication and contraindications, common antipsychotic drugs and role of the caregiver in their teaching programme and respective clinical study.

Investigators have proved that educating caregivers on the importance of compliance to antipsychotic drugs, side effects and their role in caring for mentally ill patients can reduce relapse.

The objectives of this study are:

- 1.To assess the knowledge of care givers regarding Anti psychotics drugs.
2. To evaluate the effectiveness of structured teaching programme on Anti psychotic's drugs.
- 3.To find out the association between pretest knowledge score with selected socio demographical variables.

Sample size: 40

Study volunteers / participants are (specify population group & age group): Care givers of patients on Antipsychotic drugs

Location: PSG Hospitals.Coimbatore.

I request you to kindly cooperate with me in this study. I propose to collect background information and other relevant details related to this study. I will be carrying out:

Initial interview (specify approximate duration): 15minutes.

Data collected will be stored for a period of 3 years. I will / will not use the data as part of another study.

Health education sessions: Number of sessions: _____. Approximate **duration** of each session:

_____ minutes.

Clinical examination (Specify details and purpose): Nil

Blood sample collection: Specify quantity of blood being drawn: Nil

No. of times it will be collected: Nil

Whether blood sample collection is part of routine procedure or for research (study) purpose: Nil

1. Routine procedure 2. Research purpose

Specify **purpose**, discomfort likely to be felt and side effects, if any:

Whether blood sample collected will be stored after study period: Yes / No, it will be destroyed ✓

Whether blood sample collected will be sold: Nil

Whether blood sample collected will be shared with persons from another institution: No

Medication given, if any, duration, side effects, purpose, benefits: Nil

Whether medication given is part of routine procedure: Yes / No (If not, state reasons for giving this medication)

Whether alternatives are available for medication given: Yes / No (If not, state reasons for giving this particular medication)

Final interview (specify approximate duration): 15 mts. If **photograph** is taken, purpose:

Benefits from this study: To assess the knowledge of caregivers on Antipsychotics

Risks involved by participating in this study: Nil

பூ. சா. கோ மருத்துவக் கல்லூரி மற்றும் ஆராய்ச்சி நிறுவனம், கோவை

மனித நெறிமுறைக் குழு

ஒப்புதல் படிவம்

தேதி:

ஐடா தெபோராள், ஆகிய நான். சா. கோ மருத்துவக் கல்லூரியின் / மருத்துவமனையின் மனநல செவிலியர்துறையின் கீழ், “மனநோயாளியின் உறவினருக்கு மனநல மருந்துகளை பற்றிய தகவலை கற்பித்து அவர்கள் மனநல மருந்துகளை பற்றி கற்றுக்கொண்டதை ஆராய்தல்” என்ற தலைப்பில் ஆய்வு மேற்கொள்ள உள்ளேன்.

என் ஆய்வு வழிகாட்டி: பேராசிரியை. மீரா சரவணன்

ஆய்வு மேற்கொள்வதற்கான அடிப்படை:

குடும்பத்திலுள்ள நபர்களிடம் மனநோய் மருந்துகளை பற்றிய சுய அறிவுத்திறனை ஆராய்தல் மற்றும் கற்பித்தல். மனநோய் மருந்துகளைப் பற்றிய அறிவுத்திறன் மற்றும் புள்ளி விவர தகவல்களிடையே உள்ள சம்பந்தத்தை கண்டறிதல்.

ஆய்வின் நோக்கம்:

மனநோய் மருந்துகளைப் பற்றிய சுய அறிவுத்திறன் பற்றாக்குறையை மன நோயால் பாதிக்கப்பட்ட நோயாளியின் குடும்பநபர்களிடத்தில் ஆராய்தல் மற்றும் கற்பித்தல். இந்த ஆய்வில் உங்கள் முழு ஒத்துழைப்பைத் தருமாறு கேட்டுக்கொள்கிறோம்.

ஆய்வில் பங்குபெறும் நபர்களின் எண்ணிக்கை: 40

ஆய்வில் பங்கு பெறுவோர் மற்றும் வயது: 20 - 65 வயதுக்குட்பட்டவர்கள்.

ஆய்வு மேற்கொள்ளும் இடம்: பூ. சா. கோ. மருத்துவமனை, கோயம்புத்தூர்.

இந்த ஆய்வில் எங்களுடன் ஒத்துழைக்குமாறு கேட்டுக்கொள்கிறோம். நாங்கள் சில தகவல்களை இந்த ஆய்விற்காக சேகரிக்க உள்ளோம்.

ஆய்வு செய்யப்படும் முறை:

1. கேள்வி கேட்டல் (அடிப்படைத் தகவல்கள் குறித்து).
2. மனநோயாளியின் உறவினருக்கு மனநல மருந்துகளை பற்றிய தகவலை கற்பித்து அவர்கள் மனநல மருந்துகளை பற்றி கற்றுக்கொண்டதை ஆராய்தல்

முதன்மை நேர்காணல்:30 நிமிடங்கள்

இந்த ஆய்வில் கிடைக்கும் தகவல்கள் 3 வருடங்கள் பாதுகாக்கப்படும். இந்த தகவல்கள் வேறு ஆய்விற்குப் பயன்படுத்தப் படும்/பயன்படுத்தப் பட மாட்டாது.

சுகாதாரக் கல்வி: அமர்வுகள்: வாரத்திற்கு ____ முறை ஒரு அமர்வுக்கான நேரம்: ____ நிமிடங்கள்

மருத்துவ பரிசோதனைகள்: இல்லை

இரத்த மாதிரி சேகரிப்பு: இல்லை

இரத்த மாதிரி எடுப்பது வழக்கமான சிகிச்சைக்காகவோ அல்லது இந்த ஆய்விற்காகவோ:பொருந்தாது

இதனால் ஏற்படக் கூடிய அசௌகரியங்கள் / பக்க விளைவுகள்: இதனால் எந்த அசௌகரியமோ, பக்க விளைவுகளோ ஏற்படாது.பொருந்தாது

இரத்த மாதிரிகள் ஆய்விற்குப் பின் பாதுகாத்து வைக்கப்படுமா? ஆம் / இல்லை, அழிக்கப்படும்: பொருந்தாது

சேகரிக்கப்பட்ட இரத்தம் விற்கப்படுமா? ஆம் / இல்லை பொருந்தாது

சேகரிக்கப்பட்ட இரத்தம் வேறு நிறுவனத்துடன் பகிர்ந்து கொள்ளப்படுமா? ஆம் / இல்லை: பொருந்தாது

மருந்துகள் ஏதேனும் கொடுக்கப்படவிருந்தால் அவை பற்றிய விவரம் (கொடுக்கப்படும் காரணம்,காலம், பக்க விளைவுகள், பயன்கள்): பொருந்தாது

மருந்துகள் கொடுக்கப்படுவது வழக்கமான சிகிச்சை முறையா?: ஆம் / இல்லை (இல்லை என்றால்கொடுக்கப்படும் காரணம்) பொருந்தாது

கொடுக்கப்படும் மருந்துகளுக்கு மாற்று உள்ளதா?: ஆம் / இல்லை (ஆம் என்றால் இந்த குறிப்பிட்ட மருந்து கொடுக்கப்படும் காரணம்) பொருந்தாது

ஆய்வில் பங்குபெறுவதால் ஏற்படும் பலன்கள்:

மனநோய் மருத்துவ சிகிச்சையில் இருக்கும் நோயாளிகளின் பராமரிப்பாளர்களுக்கு விழிப்புணர்வு கொடுப்பதினால் மனநிலைஅயை சீரமைக்க உதவும்.

ஆய்வினால் பங்கேற்பதால் ஏற்படும் அசௌகரியங்கள் / பக்க விளைவுகள்: இந்த ஆய்வினால் பக்க விளைவுகள் எதுவும் இல்லை..

ஆய்வின் முடிவுகள் எந்த முறையில் பயன்படுத்தப்படும்?

1. முதுகலைப்பட்டத்திற்காக பல்கலைக்கழகத்திற்குனுப்பப்படும்.
2. செவிலியர் துறை சார்ந்த இதழ்களில் பயன்படுத்தப்படும்.
3. ஆதாரப்பூர்வமான பயிற்சிக்கு அடித்தளமிடப்படும்.

இந்த ஆய்வின் கேள்விகளுக்கு பதிலளிப்பதோ, இரத்த மாதிரிகள் அல்லது திசு மாதிரிகள் எடுப்பதிலோ உங்களுக்கு ஏதேனும் அசௌகரியங்கள் இருந்தால், எந்த நேரத்தில் வேண்டுமானாலும் ஆய்விலிருந்து விலகிக்கொள்ளும் உரிமை உங்களுக்கு உண்டு. ஆய்விலிருந்து விலகிக்கொள்வதால் உங்களுக்கு அளிக்கப்படும் சிகிச்சை முறையில் எந்த வித பாதிப்பும் இருக்காது என்று உங்களுக்கு உறுதியளிக்கிறோம். மருத்துவ மனையில் நோயாளிகளுக்கு அளிக்கப்படும் சேவைகளை நீங்கள் தொடர்ந்து பெறலாம். இந்த ஆய்வில் பங்கேற்க ஒப்புக்கொள்ளுவதால் வேறு எந்த விதமான கூடுதலான பலனும் உங்களுக்குக் கிடைக்காது. நீங்கள் அளிக்கும் தகவல்கள் இரகசியமாக வைக்கப்படும். ஆய்வில் பங்கேற்பவர்கள் பற்றியோ அவர்கள் குடும்பத்தைப் பற்றியோ எந்தத் தகவலும் எக்காரணம் கொண்டும் வெளியிடப்படாது என்று உறுதியளிக்கிறோம். நீங்கள் அளிக்கும் தகவல்கள் / இரத்த மாதிரிகள் / திசு மாதிரிகள் அங்கீகரிக்கப்பட்ட ஆய்விற்கு மட்டுமே பயன்படுத்தப்படும். இந்த ஆய்வு நடைபெறும் காலத்தில் குறிப்பிடத்தகுந்த புதிய கண்டுபிடிப்புகள் அல்லது பக்க விளைவுகள் ஏதும் ஏற்பட்டால் உங்களுக்குத் தெரிவிக்கப்படும். இதனால் ஆய்வில் தொடர்ந்து பங்கு பெறுவது பற்றிய உங்கள் நிலைப்பாட்டை நீங்கள் தெரிவிக்க ஏதுவாகும்.

ஆய்வுக்குப்படுபவரின் ஒப்புதல்: இந்த ஆய்வைப் பற்றிய மேற்கூறிய தகவல்களை நான் படித்து அறிந்து கொண்டேன் / ஆய்வாளர் படிக்கக் கேட்டுத் தெரிந்து கொண்டேன். ஆய்வினைப் பற்றி நன்றாகப் புரிந்து கொண்டு இந்த ஆய்வில் பங்கு பெற ஒப்புக்கொள்கிறேன். இந்த ஆய்வில் பங்கேற்பதற்கான எனது ஒப்புதலை கீழே கையொப்பமிட்டு, கை ரேகை பதித்து நான் தெரிவித்துக் கொள்கிறேன்.

பங்கேற்பாளரின் பெயர், முகவரி:

பங்கேற்பாளரின் கையொப்பம் / கை ரேகை / சட்டப்பூர்வ பிரதிநிதியின் கையொப்பம்:

தேதி :

ஆய்வாளரின் கையொப்பம்:

தேதி :

ஆய்வாளரின் தொலைபேசி எண்: 8248315715

மனித நெறிமுறைக் குழு அலுவலகத்தின் தொலைபேசி எண்: 0422-4345864, 5818.

ANNEXURE-IV

SEMI STRUCTURED QUESTIONNAIRE TO ASSESS THE KNOWLEDGE ON ANTIPSYCHOTICS TREATMENT AMONG CARE GIVERS

Section A: Demographic profile

Section B: Assessment of care givers knowledge on Antipsychotics drugs

Section A:

I. Demographic profile of the care givers

1. Sample number :

2. Age :

a)15-24

b)25-34

c)35-44

d)45-54

e)55 above

3. Sex :

a)Male

b) Female

4. Education :

a)illiterate ;

b) Primary

c)Secondary

d) Higher secondary

e) Diploma

f) Under graduate

g) Post graduate

e) Any other specify

5. Occupational status :

a)Unemployed

b) Self employed

c)Government employed

d) Private employed

- e) Any other
- 6. Family income per month
- 7. Who provides care constantly to the patient?
- 8. Previous information regarding Antipsychotic drugs :
- 9. Relationship with the patient
 - a) Parent
 - b) Spouse
 - c) Son or daughter
 - d) Grand children
 - e) In-law

II. DEMOGRAPHIC PROFILE OF THE PATIENT:

- 1. Age :
- 2. Sex :
- 3. Diagnosis :
- 4. Duration of illness :
- 5. Duration of Antipsychotics drugs :
 - a) Bipolar affective disorder-current episode mania
 - b) Bipolar affective disorder-current episode depression
 - c) Schizoaffective disorder
 - d) If any other specify
- 6. Duration of illness ;
- 7. Duration of Antipsychotic drug ;

SECTION B

Structured questionnaires to assess the knowledge on Antipsychotic drug among care givers:

Action of antipsychotic drug:

1. What do you mean by Antipsychotic drug?

- a) Treatment of psychosis
- b) Treatment of respiratory diseases
- c) Treatment of renal diseases
- d) Treatment of cardiac diseases

2. Antipsychotic drug act on

- a) Brain
- b) Liver
- c) Kidney
- d) Blood

4. What is the action of Antipsychotics drugs?

- a) It helps the stabilize the mood
- b) It induces sleep
- d) It reduces irrational fear

4. When will you give the antipsychotic drug to your relative?

- a) Before meal
- b) After meal
- c) At any time
- d) At bed time

5. What are the indication of Antipsychotic drugs?

- a. Severe depression
- b. Somatic disorders
- c. Seizure disorder
- d. Schizophrenia

6.What is the Contra -indication of Antipsychotic drugs?

- a. Pregnancy & lactation
- b. Liver failure
- c. Cardiac failure
- d. All the above

Side Effects and its management:

7.What will you do if your relative has palpitation feelings?

- a. Advice to take plenty of water
- b. Stop the antipsychotic
- c. Allow to do the activity
- d. Consult the doctor and carry out the instruction

8.What measures the care giver should take if the relative complaints of nausea, vomiting and diarrhoea?

- a.Skip the whole day dose
- b. Consult the doctor
- c. Administer the medication with food
- d. Give high fibre diet

9.What will you do if your relative has giddiness feeling?

- a) Before stand to calm in 5 minutes
- b) Avoid Stand up fastly
- c) Get up from bed very slowly
- d) All the above

10. What you will do when your relative develops seizures?

- a. I will keep the person gently to the floor.
- b. I will keep the person on the chair
- c. I will keep the iron on his or her fingers
- d. I will put something in to his or her mouth

11. What are the hormonal effects of antipsychotic drugs for women?

- a. Confusion
- b. Amenorrhea
- c. Weight gain
- d. All the above

12. What are the hormonal effects of antipsychotic drugs for men?

- e. a. Gynecomastia
- f. b. Photosensitivity
- g. c. Orthostatic hypotension
- h. d. Nausea, dry mouth

13. What will you do for your relative when arms have been shaky?

- a. Do not allow to take glass things or sharp
- b. Help the relative in nutritional needs
- c. Help them in grooming
- d. All the above

14. What will you do for your relative when felt restless?

- a. Instruct the relative to stand for long time
- b. I will take him for a walk
- c. I will make him to exercise vigorously
- d. None of the above

15. What will you do for your relative when had uncontrollable movement of the face or body?

- a. Never allow the relative alone
- b. Help the relative in all the activity
- c. Keep the ID card all the time
- d. All the above.

16. What will you do for your relative when movements or walking have been slower than usual?

- a. Stop the medication
- b. I will consult the doctor
- c. I will increase the dose
- d. I will decrease the dose

17. What will you do for your relative when there is blurring of vision?

- a. Explain that symptoms will subside in few weeks
- b. Contact health team immediately
- c. Tell him it is not a serious problem
- d. Stop the medication

18. What will you do if your relative has dry skin?

- a. I will advice to take bath twice aday
- b. I will give sun screen lotion
- c. I will advice to wear cotton clothes

19. What will you do for your relative if had excessive salivation from the mouth?

- a. Advice the relative to spit it out often
- b. Advice relative to swallow excessive salivation
- c. I will consult the doctor
- d. Stop medication

20. What measure to be taken if the relative had weight gain is significant?

- a. Tell him to skip the dinner daily
- b. Consult physician
- c. Make him to practice heavy exercise
- d. Make dietary modification

21. What are the signs & symptoms of agranulocytosis?

- a. Nausea, cold, cough
- b. Ear pain, toothache, eye discharge
- c. Giddiness, palpitation, tremors
- d. Sore throat, fever, malaise

22. What measure to be taken if the relative had decrease white blood cell count?

- a. Allow him to take rest
- b. Tell him to take of plenty of oral fluids
- c. Consult doctor
- d. All the above

23. Do you know the Antipsychotic drug cause Hyperglycemia?

- a. Yes
- b. No

24. What measure to be taken if the relative had constipation?

- a. Give high fiber diet and more water
- b. I will take him for a walk
- c. I will make him to
- d. I will make him to exercise vigorously

Family member role:

25. What will you do when your relative feels sleepy during the day?

- a. Consult with doctor and reduce the drug dosage
- b. Do not allow to drive or operate dangerous equipment
- c. Consult with the doctor and administer the drug at bed time
- d. All the above

26. If you feel that your patient is doing well, what will you do ‘?

- a. I will give medication on regular basis
- b. I will stop the drug abruptly
- c. I will decrease the dosage
- d. I will skip the dosage

27. What will you do if you forgot to give a dose to your relative?

- a) Skip the dose
- b) Double dose
- c) Take half dose

28. Will you give drug to your relative without doctor’s prescription?

- a. Sometimes
- b. Always
- C. Never
- d. Often

29. Whether your relative can consume alcohol while on Antipsychotic drugs?

- a. Yes
- b. No

30. Whether your relative can carry identification card?

- a. Yes
- b. No

மனநோய் மருந்துகள் பற்றிய அறிவுத்திறனை கண்டறிவதற்கான கேள்வித் தொகுப்பு

பிரிவு -1: அடிப்படை தகவல்கள்

பிரிவு-2: உங்கள் உறவினரின் மருந்துகளைப் பற்றிய அறிவுத்திறனை கண்டறியும் வினாக்கள்
சரியான பதிலை (✓) செய்யவும்.

பிரிவு -1: அடிப்படை தகவல்கள்

I. பராமரிப்பாளர்களைப் பற்றிய அடிப்படைத் தகவல்கள்

a. மாதிரி எண்:

b. வயது

அ) 15-24

ஆ) 25-34

இ) 35-44

ஈ) 45-54

உ) 55க்கு மேல்

c. பாலினம்

அ) ஆண்

ஆ) பெண்

d. கல்வித்தகுதி

அ) கல்வி கல்லாதோர்

ஆ) ஆரம்பக்கல்வி, தொடக்கக்கல்வி

இ) நடுநிலைக்கல்வி

ஈ) உயர்நிலைக்கல்வி

உ) மேல்நிலைக்கல்வி/ டிப்ளமோ

ஊ) இளங்கலை பட்டதாரி

எ) முதுநிலை பட்டதாரி

ஏ) வெறு ஏதேனும் படிப்பு என்றால் அதனைக் குறிப்பிடவும்.

e. வேலை தகுதி

அ) வேலையின்மை

ஆ) சுய வேலைவாய்ப்பு, தொழில்

இ) அரசாங்க வேலை

ஈ) தனியார் வேலை-மாத குடும்ப வருமானம்

உ) நோயாளியை தொடர்ச்சியாக கவனித்துக்கொள்பவர் யார்?

ஊ) மனநோய் மருத்துவ சிகிச்சைப் பற்றிய தகவல் இதற்குமுன் உங்களுக்கு தெரிவிக்கப்பட்டதா
ஆம் / இல்லை

f. நோயாளியின் உறவினர்

அ) பெற்றோர்கள்

ஆ) மனைவி

இ) மகன் அல்லது மகள்

ஈ) பேரன்

உ) மருமகன் அல்லது மருமகள்

நோயாளியைப் பற்றிய அடிப்படை தகவல்கள்

1. வயது :
2. பாலினம் :
3. நோய் :
 - a. இருமண குழப்ப நோய் - தற்போது மனக்கிளர்ச்சி நோய்
 - b. இருமண குழப்ப நோய் - தற்போது மனச்சொர்வு நோய்
 - c. இருமண குழப்ப நோய் - நோய் நிலை மீண்டும் சீர்கேடடைவு
 - d. மனச்சிதைவு இருமண குழப்ப நோய்
 - e. வேறு ஏதேனும் இருந்தால் குறிப்பிடவும்
4. நோயின் கால அளவு
5. மனநோய்க்கான சிகிச்சை எடுத்துக்கொண்டிருக்கும் கால அளவு

மருந்தைப் பற்றிய கேள்விகள்

1. மனநோய் மருந்துகள் என்றால் என்ன?
 - அ) மனநோய்க்கான சிகிச்சை
 - ஆ) நுரையீரல் நோய்க்கான சிகிச்சை
 - இ) சிறுநீரக நோய்க்கான சிகிச்சை
 - ஈ) இருதய நோய்க்கான சிகிச்சை
2. மனநோய் மருந்துகள் எங்கு செயல்படுகிறது?
 - அ) மூளை
 - ஆ) கல்லீரல்
 - இ) சிறுநீரகம்
 - ஈ) இரத்தம்
3. மனநோய் மருந்து எப்படி வேலை செய்கிறது?
 - அ) மனநிலையை சீராக்க உதவும்
 - ஆ) தூக்கம் வரவழைக்க உதவும்
 - இ) இது தேவையற்ற பயத்தை குறைக்கும்
4. எப்பொழுது உங்களுடைய உறவினருக்கு மனநோய் மருந்துகளை கொடுக்க வேண்டும்?
 - அ) சாப்பிடுவதற்கு முன்பு.
 - ஆ) சாப்பிட்ட பின்பு.
 - இ) எப்பொழுதும்.

5. மனநோய் மருந்துகளின் அறிகுறிகள் எது?

- அ) கடுமையான மன அழுத்தம்
- ஆ) சோமாடிக் கோளாறுகள்
- இ) வலிப்பு நோய்
- ஈ) மனச்சிதைவு நோய்

6. மனநோய் பின்விளைவு அறிகுறிகள்?

- அ) கர்ப்பம் மற்றும் பாலூட்டுதல்
- ஆ) கல்லீரல் செயலிழப்பு
- இ) இதய செயலிழப்பு
- ஈ) மேலுள்ள யாவும்

மனநோய் மருந்தின் பின்விளைவுகள் பற்றிய கேள்விகள்

7. உங்கள் உறவினர் மிகவும் பதட்டமாக காணப்பட்டால் என்ன செய்வீர்கள்?

- அ) தண்ணீர் நிறைய அருந்தச் சொல்வேன்
- ஆ) மனநோய் மருந்தை இனி கொடுக்க மாட்டேன்
- இ) இயல்பான செயல் செய்ய அனுமதிப்பேன்
- ஈ) மருத்துவர் ஆலோசனை மற்றும் அவர் சொல்வதைக் கேட்க சொல்வேன்

8. நீங்கள் வாந்தி மற்றும் வயிற்றுப்போக்கு இருந்தால் என்ன செய்வீர்கள்?

- அ) நாள் முழுவதும் மருந்தினை தவிர்ப்பது
- ஆ) மருத்துவரை அனுகுவேன்
- இ) சாப்பாட்டுடன் மருந்தினை கொடுப்பது
- ஈ) நார்சத்து மிகுந்த உணவு கொடுத்தல்

9. உங்கள் உறவினர் எழுந்து நிற்கும்பொழுது தலை சுற்றுகிறது எனக் கூறினால் என்ன செய்வீர்கள்?

- அ) எழுந்து நிற்குமுன் 5 நிமிடம் அமைதியாக இருத்தல்
- ஆ) விரைவாக எழுந்து நிற்பதை தவிர்க்கவும்
- இ) படுக்கையிலிருந்து எழுந்திருக்கும் போது
- ஈ) மேற்கூறிய அனைத்தும்

10. உங்கள் உறவினருக்கு வலிப்பு ஏற்பட்டால் என்ன செய்வீர்கள்?
- அ) நான் மெதுவாக தரையில் படுக்க வைப்பேன்
 - ஆ) நான் நாற்காலியில் அமரச்செய்வேன்
 - இ) நான் இரும்பு போன்ற ஒன்றை அவரது விரல்களில் வைப்பேன்
 - ஈ) நான் அவரது வாயில் ஏதாவது வைப்பேன்
11. பெண்களுக்கு மனநோய் மருந்தினால் ஹார்மோன் விளைவுகள் என்ன?
- அ) மன குழப்பம்
 - ஆ) மாதவிடாய் சுழற்சியில் மாற்றங்கள்
 - இ) எடை அதிகரித்தல்
 - ஈ) மேற்கூறிய அனைத்தும்
12. ஆண்களுக்கு மனநோய் மருந்தினால் ஹார்மோன் விளைவுகள் என்ன?
- அ) மார்பு பெரிதாகிறது
 - ஆ) ஒளியுணர்திறன்
 - இ) உடல் அழுத்தக்குறைபாடு
 - ஈ) உதடுகள் வறண்டு இருத்தல்
13. உங்கள் உறவினருக்கு கைகள்நடுங்குவதாக இருந்தால் என்ன செய்வீர்கள்?
- அ) கண்ணாடி அல்லது கூர்மையானவற்றை எடுக்க அனுமதிக்க மாட்டேன்
 - ஆ) உணவு கொடுப்பதில் உதவி செய்வேன்
 - இ) ஆடைகள் அணிவதில் உதவி செய்வேன்
 - ஈ) மேற்கூறிய அனைத்தும்
14. உங்கள் உறவினர் பதட்டமாக இருந்தால் என்ன செய்வீர்கள்?
- அ) நீண்ட நேரம் நிற்க சொல்லுவேன்
 - ஆ) நான் நடக்க வைப்பேன்
 - இ) நான் கடினமான உடற்பயிற்சி செய்ய வைப்பேன்
 - ஈ) மேற்கூறிய எதுவும் இல்லை

15. உங்கள் உறவினருக்கு கட்டுப்படுத்த முடியாத அசைவுகள் முகத்தில், உடம்பிலிருந்தால் என்ன செய்வீர்கள்?
- அ) தனியாக இருப்பதை அனுமதிப்பதில்லை
 - ஆ) எல்லா செயல்களிலும் உதவி செய்வேன்
 - இ) அடையாள அட்டையை எப்பொழுதும் வைத்திருக்க சொல்லுவேன்
 - ஈ) மேற்கூறிய அனைத்தும்
16. உங்கள் உறவினரின் நடையின் வேகம் தற்பொழுது குறைவது போல் காணப்பட்டால் என்ன செய்வீர்கள்?
- அ) நான் மாத்திரையை நிறுத்தி விடுவேன்
 - ஆ) நான் மருத்துவரை அணுகுவேன்
 - இ) நான் மாத்திரையின் அளவை அதிகரிப்பேன்
 - ஈ) நான் மாத்திரையின் அளவை குறைப்பேன்
17. உங்கள் உறவினருக்கு கண்பார்வை மங்களாக தெரிகிறது என்று கூறினால் என்ன செய்வீர்கள்?
- அ) சில வாரங்களில் குறையும்
 - ஆ) உடனடியாக மருத்துவரை அணுகுவேன்
 - இ) பயப்படத் தேவையில்லை
 - ஈ) மாத்திரையை நிறுத்தி விடுவேன்
18. உங்கள் உறவினருக்கு வறட்சியான தோல் இருந்தால் என்ன செய்வீர்கள்?
- அ) நான் இருமுறை குளிக்க சொல்லுவேன்
 - ஆ) நான் எண்ணெய் தேய்க்க சொல்லுவேன்
 - இ) நான் பருத்தி ஆடைகளை உடுத்த சொல்லுவேன்
19. உங்கள் உறவினருக்கு அதிகமாக உமிழ்நீர் வந்தால் என்ன செய்வீர்கள்
- அ) உமிழ்நீரை வெளியே அப்புறப்படுத்தல்
 - ஆ) உமிழ்நீரை விழுங்க சொல்லுவேன்
 - இ) மருத்துவரை அணுகுவேன்
 - ஈ) நான் மாத்திரையை நிறுத்திவிடுவேன்

20. உங்கள் உறவினரின் எடை அதிகரித்தால் என்ன செய்வீர்கள்?
- அ) தினசரி இரவு உணவை தவிர்ப்பேன்
 - ஆ) மருத்துவரின் ஆலோசனை அணுகுவேன்
 - இ) கடினமான உடற்பயிற்சி செய்ய வைப்பேன்
 - ஈ) உணவில் மாற்றங்கள் செய்வேன்
21. ஏகேரணுலோசைடோஸிஸ் அறிகுறிகள் என்ன?
- அ) வாந்தி, சளி, இருமல்
 - ஆ) காதுவலி, பல்வலி, கண்ணில் நீர் வடிதல்
 - இ) மயக்கம், பதட்டம், நடுக்கம்
 - ஈ) தொண்டைப்புண், காய்ச்சல் சோர்வு
22. உங்கள் உறவினருக்கு வெள்ளை அணுக்களின் அளவு குறைவாக இருந்தால் என்ன செய்வீர்கள்?
- அ) ஓய்வு எடுக்க வைப்பேன்
 - ஆ) அதிகமாக தண்ணீர் கொடுப்பேன்
 - இ) மருத்துவரை அணுகுவேன்
 - ஈ) மேற்கூறிய அனைத்தும்
23. மனநோய் மருந்தினால் இரத்தத்தில் சர்க்கரையின் அளவு அதிகரிக்கும் என்பது தெரியுமா?
- அ) ஆம்
 - ஆ) இல்லை
24. உங்கள் உறவினருக்கு மலச்சிக்கல் ஏற்பட்டால் என்ன செய்வீர்கள்?
- அ) நான் நார்ச்சத்து மிகுந்த உணவு மற்றும் அதிக தண்ணீர் கொடுப்பேன்
 - ஆ) நான் நடக்க வைப்பேன்
 - இ) நான் ஓய்வெடுக்க வைப்பேன்
 - ஈ) நான் கடினமாக உடற்பயிற்சி செய்ய வைப்பேன்

பராமரிப்பு பற்றிய கேள்விகள்

25. உங்கள் உறவினர் எப்பொழுதும் உறங்கும்போது என்ன செய்வீர்கள்
- அ) மருந்தின் அளவை குறைப்பதைப் பற்றி ஆலோசிப்பேன்
 - ஆ) அபாயகரமான பொருட்கள் அல்லது வாகனம் இயக்க அனுமதிக்க மாட்டேன்
 - இ) உறங்குவதற்கு முன்பு மருந்தினை கொடுப்பேன்
 - ஈ) மேற்கூறிய அனைத்தும்
26. உங்கள் உறவினர் குணமடைந்துவிட்டார் என நீங்கள் நினைத்தால் என்ன செய்வீர்கள்?
- அ) நான் தொடர்ச்சியாக மாத்திரையை கொடுப்பேன்.
 - ஆ) நான் மாத்திரையை நிறுத்திவிடுவேன்.
 - இ) நான் மாத்திரையின் அளவைக் குறைப்பேன்
27. உங்கள் உறவினருக்கு மருந்தின் ஒருவேளை அளவை கொடுக்க மறந்தால் என்ன செய்வீர்கள்?
- அ) மருந்தை கொடுக்கமாட்டேன்
 - ஆ) மருந்தை இரண்டாக கொடுப்பேன்
 - இ) மருந்தை பாதியாக கொடுப்பேன்
28. உங்களுடைய உறவினருக்கு மருத்துவரின் ஆலோசனை இல்லாமல் மருந்தினை கொடுப்பீர்களா?
- அ) சில நேரங்களில்.
 - ஆ) எப்பொழுதும்
 - இ) ஒருபோதும் இல்லை
 - ஈ) அவ்வப்போது.
29. மனநோய் சிகிச்சையில் இருக்கும்போது உங்கள் உறவினர் மது அருந்தலாமா?
- அ) அருந்தலாம்
 - ஆ) அருந்தக்கூடாது
30. உங்கள் உறவினரிடம் அடையாள அட்டை உள்ளதா?
- அ) ஆம்
 - ஆ) இல்லை

ANNEXURE-V

STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING ANTIPSYCHOTICS DRUGS AMONG CARE GIVERS OF PSYCHIATRIC PATIENTS

TOPIC: Structured Teaching Programme care givers of patients on Antipsychoticdrugs

Group: Care givers of patients who are on antipsychotic drugs

Place: PSG Hospital, Coimbatore.

Duration: 1 month programme

Method of teaching: Lecture cum discussion.

Teaching aids: Power point Presentations

Educator: II year M.Sc, Student, PSG College of Nursing, Coimbatore.

General Objectives: The care givers will gain adequate knowledge and understanding about taking care of patients receiving antipsychotic drugs

Specific objective: By the end of the program,the caregivers will be able to:

- Explain the uses of antipsychotic drugs
- List down the indications of antipsychotic drugs
- Contraindication of antipsychotic drugs
- List down the sideeffects of antipsychotic drugs
- Describe management of diet activities and practice
- Explain the regular follow up

S.No	Specific Objectives	Content	Time	Teacher and learner activity
1	Introduce the topic	<p>INTRODUCTION: Treatment of the mentally ill has been revolutionized by the advent of psychotropic medication. Like medical disorders, mental illness also needs pharmacological management.</p> <p>Do you know what is antipsychotic drugs? It is the best known drug of choice for mentally ill affected people. So you need to education regarding antipsychotic drugs, action, the importance and management of patients on Antipsychotic drugs</p>	5 mints	Introducing and listening
	List down the uses of Antipsychotic drugs	<p>USES</p> <ul style="list-style-type: none"> • It is used to prevent and treat psychoses such as schizophrenia and mania. • It can be given to control mania where a person's mood is very high causing overactive and excitable behaviour • It is also useful in a condition known as bipolar disorder, where there are extreme high and low moods. <p>Antipsychotic drugs is also used to treat behavioral disorders, such as aggressive or self harming behaviors</p>	5 mints	Explaining and discussion
3	Explain the action of antipsychotic drugs	<p>Haloperidol</p> <ul style="list-style-type: none"> • Tab.0.25mg, 0.5mg, 1mg, 1.5mg, 5mg,10mg • Inj.serenace 5 – 10 mg in acute cases, aggressive and excited patients is effective • It can be safely used for patient with liver damage and will not cause hypotension 		Explaining and discussion

4	List down the indication of antipsychotic drugs	<ul style="list-style-type: none"> ○ INDICATION: • Dementia • Schizophrenia • Mania • Paranoid disorders 	5 mints	Explaining and discussion
5	List down the contraindication of antipsychotic drugs	<ul style="list-style-type: none"> • Contraindication; • Clients with liver, renal, cardiac insufficiency • Pregnancy and lactation 		Explaining and discussion
6	List down the side effects of antipsychotic drugs	<ul style="list-style-type: none"> • SIDE EFFECTS • Restlessness • Severe shakiness • Muscular weakness • Uncontrolled movements of face or body • Neuroleptic malignant syndrome • Tachycardia – increase heart rate • Stiffness • Excessive sweating • Sleeplessness • Dizziness • Muscle ache • Excessive saliva • Blurred vision • Slowness in walk • Dry mouth • Difficulty in passing urine • Bed wetting • Swollen nipple 	10 mints	Explaining and discussion

		<ul style="list-style-type: none"> • Changes in menstrual cycle • Problem in having sex • Weight gain • Nausea • <i>If your relatives gets any of these side effects or any other problems, it might be side effects, talk to health care professional</i> 		
7	Describe the management of diet activities and practices	<p>Management</p> <ul style="list-style-type: none"> • <u>Do's:</u> • Maintain adequate hydration. Your relative should drink at least 2 to 3 litres of fluid each day. • Relieve dry mouth:ask him or her to dry sucking on sugar free mints or hard candies throught the day • Take with food or milk to decrease the risk of suffering from side effects • Check weight at regular intervals.if there is significant weight gain avoid junk foods,adequate amount of salt and other nutrients while decreasing the calories and consult doctor • Let doctor know if your relative has fever diarrhea and vomiting. • High fibre diet,encourage increase in physical activity • If realatives have blurring of vision means: Subside after few weeks • To get up from the bed or chair very slowly • Take all seizure precautions • Photosensitivity;Apply sunscreens lotion,use of full sleeves and sunglasses 	10 mints	Listening and discussing

		<ul style="list-style-type: none"> • Tremors,gait changes may develop,assist them in their activities. • Excessive saliva and rigidity of the body present ,for these,seek medical advice. • If muscular weakness and tiredness are there,watch for tiredness and assist them in activities. • Provide safe environment and prevent injury in case of continuous restlessness. • For spasm of the space arms,legs and neck ,get medical advice. • Agranulocytosis :Monitor Complete blood count,The patient should also be told to report if sore throat,fever,malaise which indicate infection. • Avoid situations your relative is likely to sweat heavily such as too many activities in the hot weather and heavy exercises 		
		DRUGS <ul style="list-style-type: none"> • Check the name and dose of the medications • The relative misses a dose of antipsychotic ,take as soon as possible. • If it is almost time for next dose, skip the missed dose and go back to regular dose. • Keep all medications out of the reach and sight of children 	5 minutes	Explaining and listening
		Anti psychotic drug card <ul style="list-style-type: none"> • Your relative should carry the card in his or her purse <ul style="list-style-type: none"> • Buy a new medicine • Visit dentist or other health care professional • Are admitted to hospital 	5	Explaining and listening

		<ul style="list-style-type: none"> • It is important to carry it with him or her in emergency situation <ul style="list-style-type: none"> • That your relative takes antipsychotic • The brand of antipsychotic drug your relatives takes • Healthcare professional need to know these things before they give any other treatment 		
8	Explain the regular follow up	<p>Don'ts</p> <ul style="list-style-type: none"> • If your relative is taking antipsychotic drug ,ask him not to drink alcoholic beverages.do not drive or operating dangerous equipment or machinery • Do not take 2 doses together at a time • If the patient is feeling well, do not stop taking this drug suddenly with out consulting the doctor .conditions may worsen if the medication is suddenly stopped. • Your relative should not take any medication without consulting the doctor while he or she is on antipsychotic drug. 	10 mints	Explaining and listening

கோயம்புத்தூர், பி. எஸ். ஜி. மருத்துவமனையில் மனநோய் மருந்து சிகிச்சையில் உள்ள நோயாளிகளின்
பராமரிப்புகளுக்கு அந்த சிகிச்சைப் பற்றிய விழிப்புணர்வு கல்வி

தலைப்பு : மனநோய் மருந்து சிகிச்சைப் பற்றிய விழிப்புணர்வு கல்வி

குழு பராமரிப்பாளர்கள்: மனநோய் மருந்து சிகிச்சையில் உள்ள நோயாளிகளின் முதல் நிலை

இடம் : பி. எஸ். ஜி. மருத்துவமனை

காலநேரம் : ஒரு மாதம்

கல்வி முறை : கற்பித்தலுடன் கூடிய கலந்துரையாடல்

கற்பிக்கப் பயன்படுத்தப்படும் சாதனங்கள் : கணினி

கற்பிப்பவர் : எம். எஸ். சி. நர்சிங் இரண்டாம் ஆண்டு மாணவி

மையக்கருத்து: முதல் நிலை பராமரிப்பாளர்கள் மனநோய் சிகிச்சையினை பற்றியும், அதன் பக்க விளைவுகள் மற்றும் அச்சிகிச்சையின் போது நோயாளிகளுக்கு தேவையான பராமரிப்பு முறைகள் பற்றியும் தேவையான அறிவுத்திறனை அடைய வேண்டும்.

முக்கியக்கருத்து: கற்பித்தலின் முடிவில் முதல் நிலை பராமரிப்பாளர்களால் கீழ்க்கண்டவற்றிற்கு விளக்கம் அளிக்க இயல வேண்டும்.

- மனநோய் மருந்தின் பயன்கள்
- மனநோய் மருத்துவ சிகிச்சைக்கு பொருந்தாதவர்களை வரிசைப்படுத்துவது
- மனநோய் மருந்தின் பக்கவிளைவுகள்
- மனநோய் மருந்து சிகிச்சையில் உள்ள நோயாளிகளுக்கான பராமரிப்பு முறைகள்

வ. எண்	முக்கிய கருத்து	பொருளடக்கம்	கால அளவு	கற்பவர் மற்றும் கற்பிப்பவரின் செயல்கள்
1.	மனநோய் மருந்து சிகிச்சைப் பற்றிய முன்னுரை	<p>முன்னுரை:</p> <p>புதிய புதிய மனநோய்களுக்கான மருந்துகளின் கண்டுபிடிப்பால் மனநோய் சிகிச்சையில் பெரும் மாறுதல்கள் ஏற்பட்டுள்ளது. உடல் நோய்களை குணப்படுத்த மருந்துகள் தேவைப்படுவது போல மன நோய்களுக்கும் மருந்துகள் தேவைப்படுகிறது.</p> <p>உங்களுக்கு மனநோய் மருந்து என்றால் என்ன என்று தெரியுமா? மனோநிலை மாற்றத்தால் பாதிக்கப்பட்டுள்ள நோயாளிகளுக்கு மனநோய் மருந்து ஒரு சிறந்த மருந்தாகும். மருத்துவ ஆலோசனையின் முக்கியத்துவம் மற்றும் பராமரிப்பு முறைகள் பற்றிய கல்வி மிக அவசியம்</p>	5 நிமிடங்கள்	<p>கற்பிப்பவர்: முன்னுரை ஆற்றுவது.</p> <p>கற்பவர்: கவனித்தல்</p>
2.	மனநோய் மருந்தின் பயன்களை வரிசப்படுத்துவது	<p>பயன்கள்:</p> <ul style="list-style-type: none"> ● மனோநிலை மாறுபட்டால் ஏற்படும் நோய்களை தடுக்கவும், குணப்படுத்தவும் உதவுகிறது ● மனக்கிளர்ச்சி நோயை குணப்படுத்தவும் உதவுகிறது ● இருமனக்குழப்ப (மனச்சோர்வு, மனக்கிளர்ச்சி) நோயை குணப்படுத்த பயன்படுகிறது ● பழக்கவழக்க குறைபாடுகளை குணப்படுத்தவும் பயன்படுகிறது 	5 நிமிடங்கள்	<p>கற்பிப்பவர்: கலந்துரையாடல் ஆற்றுவது</p> <p>கற்பவர்: கலந்துரையாடலில் பங்குகொள்ளுதல்</p>

3.	மனநோய் மருத்துவ சிகிச்சைக்கு பொருந்தாதவர்களை வரிசைப்படுத்துவது	மனநோய் மருத்துவ சிகிச்சைக்கு பொருந்தாதவர்கள்: <ul style="list-style-type: none"> • தைராய்டு, சிறுநீரகம், நரம்பு மற்றும் இருதய கோளாறு உள்ளவர்கள். • கர்ப்பிணி பெண்கள், பால் கொடுக்கும் தாய்மார்கள் மற்றும் குழந்தை பேறு அடையும் வயதில் உள்ளவர்கள் 	5 நிமிடங்கள்	கற்பிப்பவர்: விளக்களித்தல் கற்பவர்: கவனிப்பது மற்றும் சந்தேகங்களை கேட்பது
4.	பக்க விளைவுகளை விளக்குதல்	பக்க விளைவுகள் <ul style="list-style-type: none"> • கைநடுக்கம் • வயிற்று கோளாறுகள் • எச்சில் ஒழுக்குதல் மற்றும் உடம்பில் இருக்கம் • உடற்தசைகளில் தளர்ச்சி மற்றும் சோர்வு • முகம் மற்றும் கழுத்து கை கால்களில் இருக்கம் • வறண்ட வாய் • காய்ச்சல் • கண்பார்வையில் தெளிவின்மை • மலச்சிக்கல் • மயக்கம் • தோலில் தடிப்புகள் • உடல் எடை அதிகரித்தல் • கணுக்கால் வீக்கம் • அதிகமாக தாகம் எடுத்தல் மற்றும் சிறுநீர் கழித்தல் • தைராய்டு மற்றும் இருதய செயல்பாடுகளில் மாற்றம் ஏற்படுதல் 	15 நிமிடங்கள்	கற்பிப்பவர்: விளக்கமளித்தல் கற்பவர்: பக்க விளைவுகளை கண்டறியும் அறிவுத்திறனை அடைதல்

		<ul style="list-style-type: none"> இதில் ஏதாவது பின்விளைவுகள் உங்கள் உறவினருக்கு இருந்தால் உடனடியாக் மருத்துவரை அணுகவும். 		
5.	மனநோய் மருந்து பற்றிய பராமரிப்பு முறைகளை விளக்குதல்	<p style="text-align: center;">பாராமரிப்பு முறைகள்:</p> <p>செய்ய வேண்டியவை:</p> <ul style="list-style-type: none"> உங்கள் உறவினர் 2 முதல் 3 லிட்டர் தண்ணீர் அருந்துவது மிகவும் அவசியமாகும். மனநோய் மாத்திரைகளை உணவுடன் எடுத்துக்கொள்வதின்மூலம் சில பக்கவிளைவுகளை தவிர்க்கலாம். உடல் எடையை சரியான கால இடைவேளையில் பார்க்க வேண்டும். எடையில் அளவுக்கு அதிகமான மாற்றம் இருப்பின் மருத்துவரின் உதவியை அணுகவும். மனநோய் மாத்திரையை உட்கொள்வதின் மூலம் வாய் உலர்ந்த நிலை ஏற்படும். இதை தடுக்க தண்ணீர் அருந்துவதுடன் சர்க்கரை இல்லாத மிட்டாய்களை எடுத்துக்கொள்ளவும். தினமும் உப்பின் அளவை உணவில் ஒரே மாதிரியாக சேர்த்துக் கொள்ள வேண்டும். உங்கள் உறவினருக்கு காய்ச்சல், வயிற்றுப்போக்கு மற்றும் வாந்தி ஏற்பட்டால் உடனே மருத்துவரை அணுகவும். 	15 நிமிடங்கள்	<p>கற்பிப்பவர்:</p> <p>விளக்கம்ளித்தல்</p> <p>கற்பவர்: கவனிப்பது மற்றும் சந்தேகங்களை கேட்பது</p>

		<ul style="list-style-type: none"> ● அதிகமாக வேர்வை ஏற்படுத்தக்கூடிய சூழ்நிலைகளையும், உடற்பயிற்சிகளையும் தவிர்க்க வேண்டும். ● மருத்துவரின் ஆலோசனைப்படி மருந்துகளை உட்கொள்ள வேண்டும். ● தவறுதலாக மாத்திரை எடுப்பதை மறந்துவிட்டால் உடனடியாக மாத்திரையை எடுக்க வேண்டும். அடுத்த வேளை மாத்திரை எடுக்கும் நேரம் அருகில் இருப்பின் எடுக்க தவறிய மாத்திரையை அடுத்த வேளை மாத்திரையுடன் சேர்த்து எடுக்க கூடாது. ● ஒரே நிறுவனம் தயாரித்த மனநோய் மருந்தை எடுத்துக்கொள்வது நல்லது. ● மாத்திரைகளை குழந்தைகளுக்கு எட்டாத உயரத்தில் வைக்க வேண்டும். மாத்திரைகளை சூரிய ஒளி படாமலும் உலர்ந்த இடத்திலும் வைக்க வேண்டும். ● மனநோய் மருந்து அட்டையை உங்கள் உறவினர் எப்போதும் உடன் வைத்திருக்க வேண்டும். இந்த அட்டையை, <ul style="list-style-type: none"> ○ ஏதாவது புதிதாக மருந்து வாங்கும் பொழுதும் 		
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		<ul style="list-style-type: none"> ○ மருத்துவமனையில் சிகிச்சைக்காக அனுமதிக்கப்படும் பொழுதும் ○ மருத்துவரை சந்திக்கும் பொழுதும் காட்ட வேண்டும் ● இந்த அட்டையில் இருக்க வேண்டியவை <ul style="list-style-type: none"> ○ மனநோய் மருந்தின் பெயர் ○ மாத்திரையின் அளவு ○ கடைசியாக மருத்துவரை பார்த்த தேதி <p>செய்யக்கூடாதவை:</p> <ul style="list-style-type: none"> ● மனநோய் மாத்திரையை எடுக்கும்பொழுது மது அருந்துவதை தவிர்க்கவும் ● உணவில் உப்பின் அளவை மருத்துவரின் ஆலோசனை இல்லாமல் கூட்டவோ குறைக்கவோ கூடாது. ● ஒரே வேளையில் இரண்டு நேரத்திற்கான மருந்தை எடுத்துக்கொள்ள கூடாது. ● உங்கள் உறவினர் நன்றாக இருப்பதாக உணர்ந்தால் மருத்துவரின் ஆலோசனை இல்லாமல் மருந்தை நிறுத்தக்கூடாது. ● மருத்துவரின் ஆலோசனை இல்லாமல் வேறு எந்த மருந்துகளையும் சிகிச்சையில் இருக்கும்போது எடுத்துக்கொள்ளக்கூடாது. 		
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		<ul style="list-style-type: none"> சில மனநோய் மாத்திரைகள் இரத்தத்தில் மெதுவாக கலக்கும்படியாக தயாரிக்கப்பட்டுள்ளது அதனால் இந்த வகையான மாத்திரைகளை உடைத்தோ பொடிசெய்து சாப்பிடுவதோ கூடாது. அதை அப்படியே விழுங்க வேண்டும். 		
		<p>முடிவுரை:</p> <p>மனநிலை மாற்றங்களால் ஏற்படும் நோய்களை குணப்படுத்த 1970ல் அமெரிக்காவின் உணவு மற்றும் மருந்து சார்ந்த நிறுவனம் மனநோய் மாத்திரைகளை உபயோகப்படுத்த அனுமதி வழங்கியது. தற்சமயம் வரை மனநிலை மாற்ற நோய்களுக்கு மிகச்சிறந்த மருந்தாக விளங்குகிறது. பல்வேறு ஆராய்ச்சிகள் மனநோய் மருந்தே சிறந்த மருந்தாகவும், அதை பாதி சிகிச்சையில் நிறுத்தாவிட்டால் மீண்டும் நோய் வரும் வாய்ப்பு உள்ளது என்பதையும் நிரூபித்துள்ளன. இக்கல்வியின் மூலம் மனநோய் சிகிச்சைப்பற்றிய அறிவுத்திறனை பெற்றுள்ளீர்கள் என்பதையும் மனநோய் சிகிச்சையில் உள்ள உங்கள் உறவினர்களுக்கு சரியான பராமரிப்பு முறைகளை வழங்குவீர்கள் என்றும் நம்புகிறேன்.</p>		

